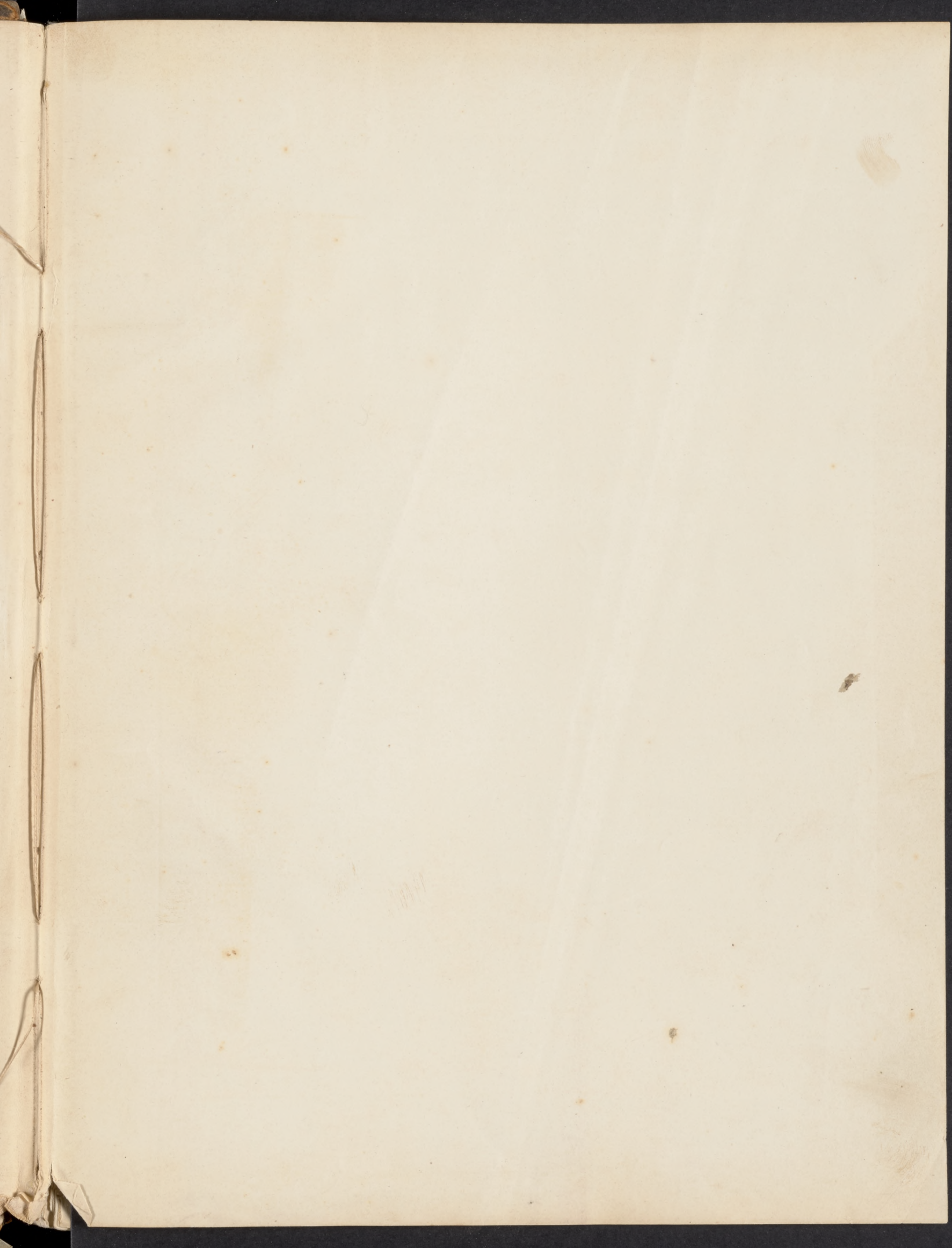


From July 30 1891
To JANUARY 7 1900



—*—

ALMA • FUNERAL • REGISTER

• • • No. 10. • • •

1864

T. MITCHELL TAYLOR

163 BOWERY, NEW YORK

PRINTED BY T. MITCHELL TAYLOR, 163 BOWERY, NEW YORK

THE ALMA FUNERAL REGISTER, BEING A RECORD OF THE FUNERALS

AND BURIALS OF THE DEAD, IN THE CITY OF NEW YORK, FOR THE YEAR

—*—

1864

NEW YORK: T. MITCHELL TAYLOR, 163 BOWERY.

— THE —
ACME • FUNERAL • REGISTER,

✻ ✻ No. 10. ✻ ✻

Published by

T. MILTON TAYLOR,

163 BOWERY, NEW YORK,

PUBLISHER OF THE F. RUSSELL TAYLOR FUNERAL REGISTERS, CARRIAGE LISTS, POCKET FUNERAL ORDER BOOKS,
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1891.

THE
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OF GREAT BRITAIN AND IRELAND
VOLUME 10
PART 1
1910
LONDON
PUBLISHED BY THE
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11, BEDFORD SQUARE, W.C.1



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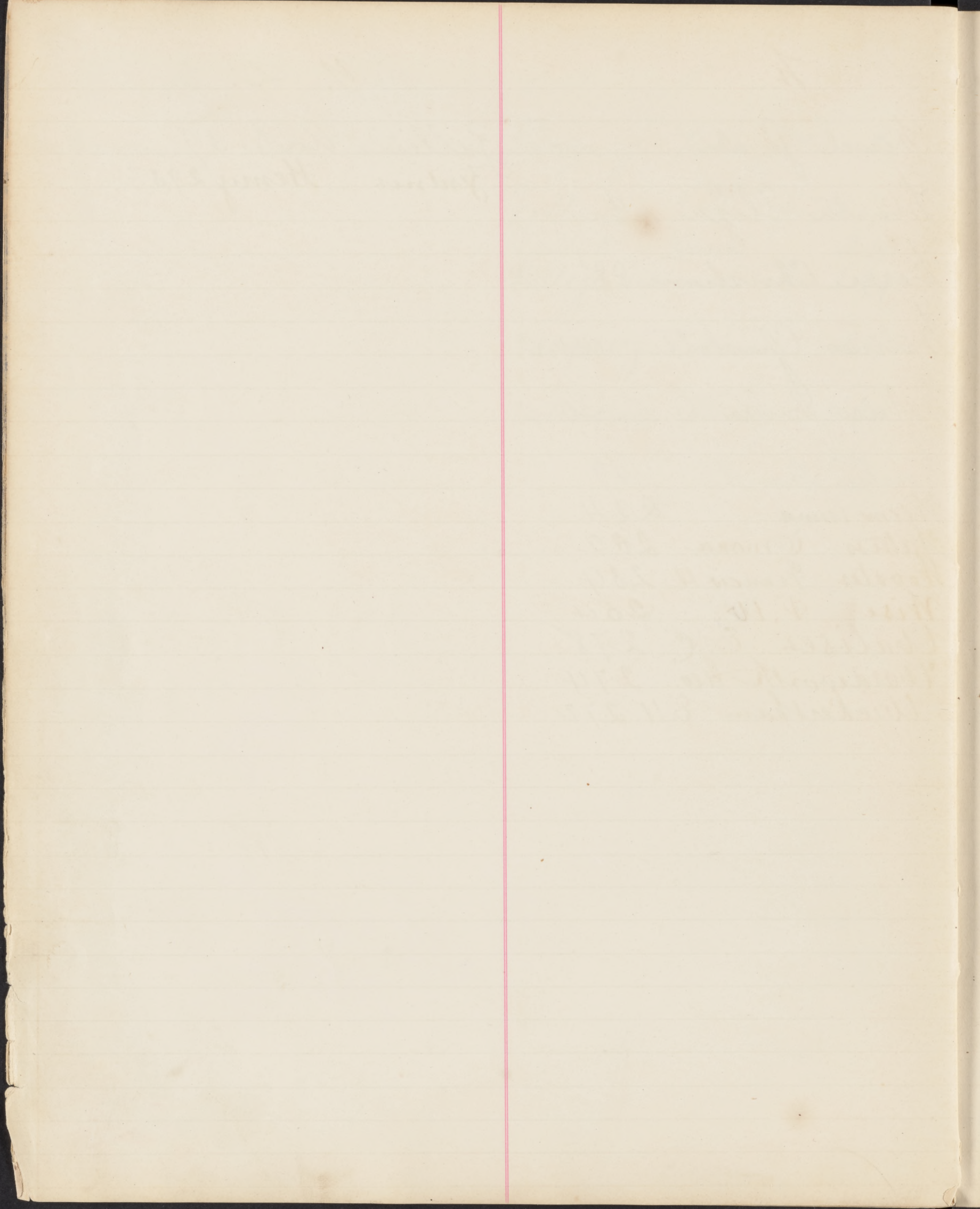
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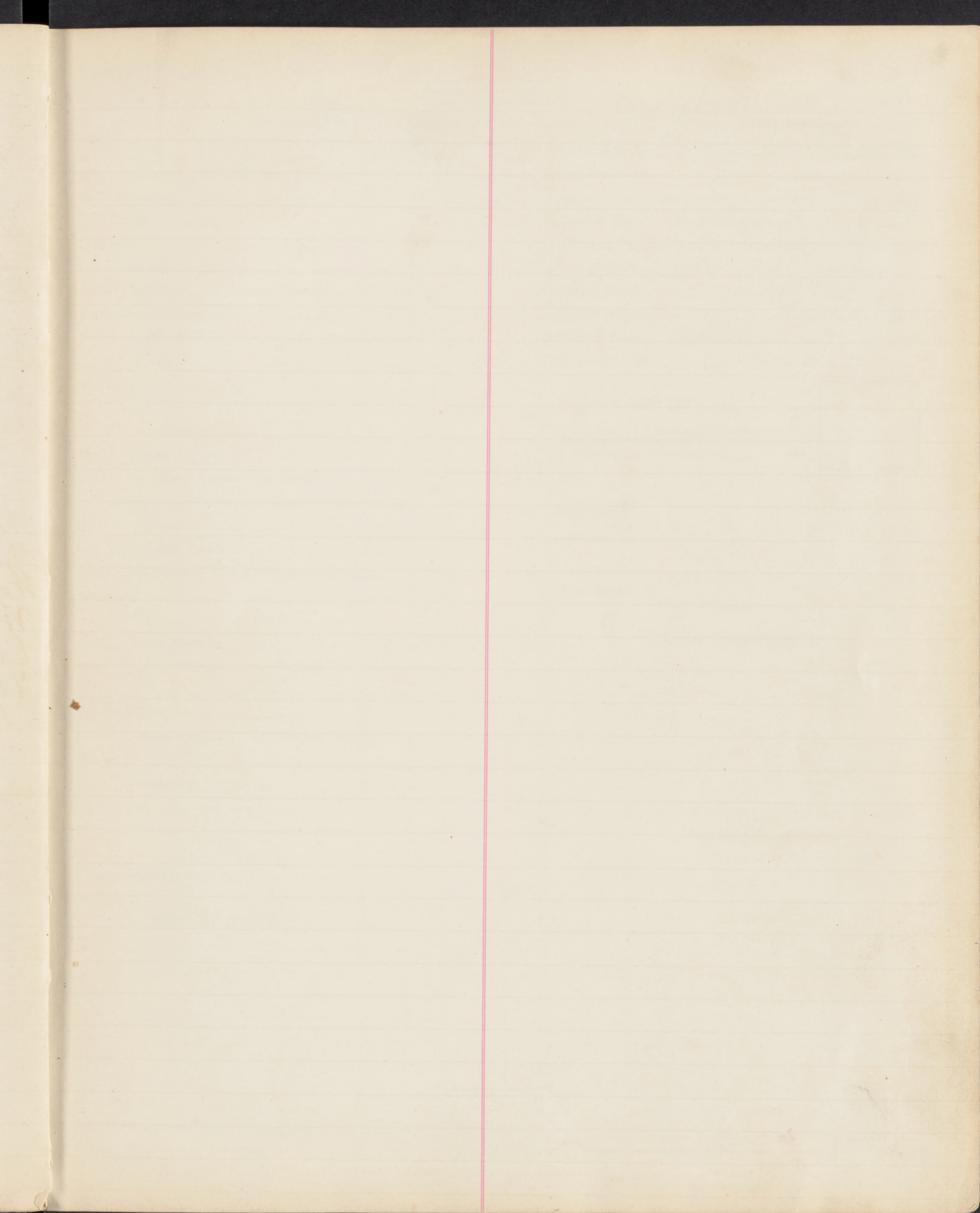
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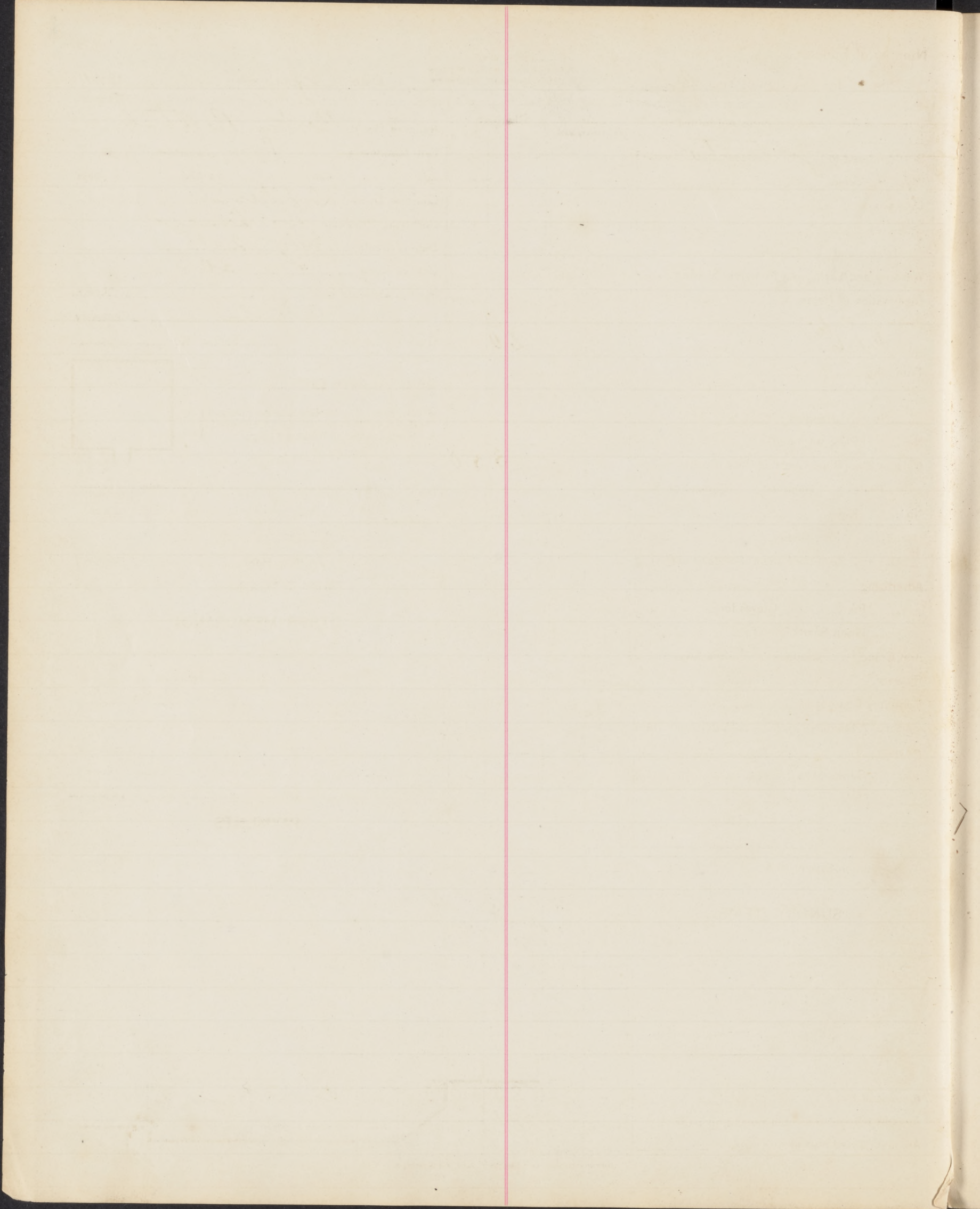
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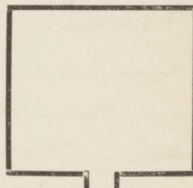
Number of Funeral 300Number for the Current Year 23

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 5th 1891

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Mrs. C Vasquez</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 2</u>		
<u>5/6</u>		<u>45</u>
Trimming		
No. Handles		
No. Plate engraved		<u>5</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>65</u>	
Amount brought over from preceding page	<u>1547</u>	<u>58</u>
Amount carried over to next page	<u>1612</u>	<u>58</u>

Name of Dec'd Pedro J Vasquez
 Late Residence San Antonio
 Age 79 years months days
 Cause of Death Old Age
 Certifying Physician None
 Date of Death Aug 3
 Date of Burial " 5
 Funeral at House or Catholic Church.
 Place of Burial " Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by □

Inscription
 on Plate.

Pedro J Vasquez

Measurement,

{ Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Sept 3 By Cash 65

6 Number of Funeral 304

Number for the Current Year 27

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 23d 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>Julius Fochetti</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 12</u>		
<u>from Davis</u>		<u>25</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>250</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to <u>Permit</u>		<u>1</u>
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>28</u>	<u>50</u>
Amount brought over from preceding page	<u>1688</u>	
Amount carried over to next page	<u>1716</u>	<u>50</u>

Name of Dec'd Viola Fochetti

Late Residence Somerville

Age 4 years 4 months 4 days

Cause of Death Cholera Infantum

Certifying Physician Dr Davis

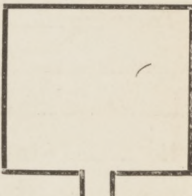
Date of Death Aug 22d

Date of Burial " 24th

Funeral at House or Church

Place of Burial Mountain Cemetery

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }

Inscription {
on Plate. {

Measurement { Length to Heel feet in. }
Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

<u>Paid</u>		
<u>Paid</u>	<u>28</u>	<u>50</u>
	<u>28</u>	<u>50</u>

Number of Funeral 305


Number for the Current Year 28

Be careful to enter name of deceased and number of page in index for future reference.

Date, Sept 5 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>County</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>#1</u>		
<u>4 ft</u>	<u>15</u>	<u>15</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>15</u>	
Amount brought over from preceding page	<u>1716</u>	<u>50</u>
Amount carried over to next page	<u>1731</u>	<u>50</u>

Name of Dec'd Mammal Lears
 Late Residence Agua Caliente
 Age 5 years 6 months days.
 Cause of Death Paralysis of Heart
 Certifying Physician Dr Davis
 Date of Death Sept 4
 Date of Burial " 5
 Funeral at House or Church.
 Place of Burial " Indian " Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }
 Show position of monument by ☐

Inscription {

on Plate. }

Measurement, { Length to Heel feet in. }
 { Width at Shoulder }
 OTHER MEMORANDA.
Born in Iowa

PAYMENTS.


Paid

8

Number of Funeral 306Number for the Current Year 29Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept- 23 d 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <u>Chas W. Hawley</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
Trimming		
No. Handles,		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box.		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges <u>Delo Box</u>		1 00
Personal Attendance Porters and Help		
Hearse		10
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	11	-
Amount brought over from preceding page	1731	50
Amount carried over to next page	1742	50

Name of Dec'd Frank Rohrer
 Late Residence Santa Rosa
 Age 76 years 7 months days.
 Cause of Death Struck by lightning
 Certifying Physician Dr Boyce
 Date of Death Sept- 23rd
 Date of Burial " 25
 Funeral at House or _____ Church.
 Place of Burial Hill Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

Indoity Marylund

PAYMENTS.

Paid

Paid

11

Number of Funeral 307

Number for the Current Year 30

Be careful to enter name of deceased and number of page in index for future reference.

Date, Sept- 28th 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>Mrs Poppe</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 1</u>		<u>32 50</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
Transportation Expenses, &c.		

SUNDRY ITEMS.

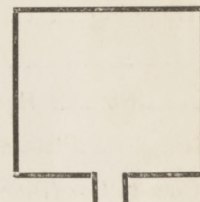
Amount of Bill
Amount brought over from preceding page
Amount carried over to next page

47 50
174 2 50
179 0

Name of Dec'd Chas. Rogers
Late Residence New London
Age 75 years 11 months 28 days.
Cause of Death Spinal Injury
Certifying Physician Dr. Dahms
Date of Death Sept- 27th
Date of Burial " 29th
Funeral at House or Church.
Place of Burial Hill Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
designate this one with a double Cross +. }
Show position of monument by ☐



Inscription
on Plate.

Measurement, { Length to Heel. feet in. }
{ Width at Shoulder. }

OTHER MEMORANDA.

Native Magazine Co. N.Y.

PAYMENTS.

By Cash 47 50

47 50

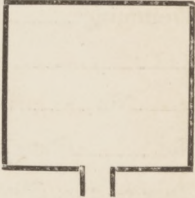
Number of Funeral 308Number for the Current Year 31

Be careful to enter name of deceased and number of page in index for future reference.

Date, Sept-29 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <u>R B Thomas</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>H 1</u>		
<u>2 9</u>		<u>15</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>2 00</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>17</u>	
Amount brought over from preceding page	<u>1790</u>	
Amount carried over to next page	<u>1807</u>	

Name of Dec'd Richard Edwin Thomas
 Late Residence Somerville
 Age 11 years 10 months 10 days.
 Cause of Death Cyanosis
 Certifying Physician Dr. Davis
 Date of Death Sept-28
 Date of Burial 30
 Funeral at House or _____ Church.
 Place of Burial Hill Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Richard Edwin Thomas


PAYMENTS.

<u>Sept 30</u>	<u>By Cash</u>	<u>17</u>
----------------	----------------	-----------

Number of Funeral 310Number for the Current Year 33Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct - 21 st 1891

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Mrs Crofoot</u>		
When Rendered <u>Nov 25</u>		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, <u>Shaving</u>		5
Preservation of Remains <u>No Charge</u>		00
Casket <u>5-9</u> <u># 19</u>		65
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		10
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
<u>Suit</u>		15
<u>Carriage & passage in Casket</u>		1 50
<u>Carriage on box</u>		
Amount of Bill	104 50	
Amount brought over from preceding page	1872	
Amount carried over to next page	1973 50	

Name of Dec'd Chas H Crofoot
 Late Residence Glen Ellen
 Age 39 years — months — days.
 Cause of Death trepanning to back & spine
 Certifying Physician Varian Colapane
 Date of Death Oct 20
 Date of Burial " 21
 Funeral at House or — Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel 5 feet 9 in.
 Width at Shoulder — }

OTHER MEMORANDA.

Interviled Rome N.Y.


PAYMENTS.

Sept - 21	By Cash	60 -
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Number of Funeral 3 12Number for the Current Year 35Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 9 5 18 91

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <u>6-3 # 1</u>		<u>32 50</u>
Trimming.....		
.....No. Handles,.....		
No. Plate engraved.....		<u>2 50</u>
Outside Box (Pine, Chestnut, Oak, Cedar)..... <u>Elm</u>		<u>6</u>
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
..... Carriages to..... <u>Traygon</u>		<u>5</u>
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>46 00</u>	
Amount brought over from preceding page.....	<u>1999</u>	
Amount carried over to next page.....	<u>2055</u>	

Name of Dec'd Joshua W. Merrick.
 Late Residence Glen Ellen
 Age 65 years months days.
 Cause of Death Heart Disease & Cancer
 Certifying Physician Dr. Vance
 Date of Death Nov 8 5
 Date of Burial "
 Funeral at House or Church.
 Place of Burial Lin. Frank Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel feet in. }

Width at Shoulder }

OTHER MEMORANDA.

Wm. H. Boston Mass.
Traygon

PAYMENTS.

Paul

Number of Funeral 313Number for the Current Year 36Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 27th 1891

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

.....Plate.....Handles.....Corners on Box.....

No. Robe.....

Use of.....Doz. Chairs.....

.....Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

.....Prs. Gloves for.....

.....Linen Scarfs for.....

Arm Crape.....Badges.....Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance.....Porters and Help.....

Hearse.....

.....Carriages to.....

Transportation Expenses, &c. ChasSUNDRY ITEMS. Chas

Amount of Bill.....

Amount brought over from preceding page.....

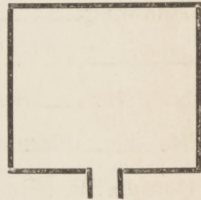
Amount carried over to next page.....

Name of Dec'd Ansulmo DominiconiLate Residence San FranciscoAge 47 years months days.Cause of Death Pneumonia, HemorrhageCertifying Physician Dr DavisDate of Death Nov 26thDate of Burial ✓

Funeral at House or Church.

Place of Burial San Fran Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ - - - }

Inscription {

on Plate. }

Measurement, { Length to Heel feet in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

Authvily Switzerland

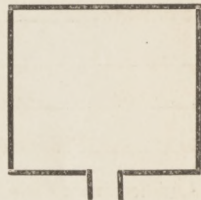
PAYMENTS.

Paid

Number of Funeral 315Number for the Current Year 38Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 16th 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>Chas Justice</u>		
When Rendered <u>Mr Justice Guarante</u>		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		<u>62.50</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar) <u>Spice</u>		<u>2.50</u>
Plate Handles Corners on Box		
No. Robe		<u>10</u>
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>85</u>	
Amount brought over from preceding page	<u>2194</u>	
Amount carried over to next page	<u>2279</u>	

Name of Dec'd Robt Eugene Hunter
 Late Residence Glen Ellen
 Age 75 years 2 months 12 days.
 Cause of Death Old Age, Gen'l Debility
 Certifying Physician 2 Citizens
 Date of Death Dec 16th 1891
 Date of Burial " 17 "
 Funeral at House or Church.
 Place of Burial Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel feet in.
 { Width at Shoulder }

OTHER MEMORANDA.

Native of New York


PAYMENTS.

Paid

Number of Funeral 316Number for the Current Year 39Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 18th 18 91

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>Coffin #1</u>		<u>25</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>40</u>	
Amount brought over from preceding page	<u>2279</u>	
Amount carried over to next page	<u>2319</u>	

Name of Dec'd Frederico Maestretti
 Late Residence Genova
 Age 53 years — months — days.
 Cause of Death Embolic on Neck
 Certifying Physician Dr. Vance
 Date of Death Dec 18th
 Date of Burial " 20th
 Funeral at House or — Church.
 Place of Burial — Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel — feet — in. }
 { Width at Shoulder — }

OTHER MEMORANDA.

New Switzerland


PAYMENTS.

Paid

Number of Funeral 317Number for the Current Year 40Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 25th 1891

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>Est-A</u>		
When Rendered <u>1</u>		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		15
Casket <u>5-9 Solid</u> <u>Walnut & Curved</u>		135
Trimming		
No. Handles		
No. Plate engraved		5
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		15
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
<u>6</u> Prs. <u>Blk</u> Gloves for <u>Leavers</u>		150
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		10
Carriages to		
<u>to Permit</u>		1
<u>Limousine</u>		150
<u>Cash to minister</u>		5
Transportation Expenses, &c.		
SUNDRY ITEMS.		
<u>Opening Grave</u>		10
<u>Shaping & setting Monument</u>		
<u>& Repair</u>		
Amount of Bill		194
Amount brought over from preceding page		2319
Amount carried over to next page		2513

Name of Dec'd Henry A Carriger
 Late Residence Spencer
 Age 65 years 1 months 1 days.
 Cause of Death Lung Pneuonia
 Certifying Physician Dr Davis
 Date of Death Dec 25th
 Date of Burial " 27
 Funeral at House or _____ Church
 Place of Burial Hill Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription { Henry A Carriger
Died Dec 25
Aged 65-1-1
 on Plate.
 Measurement, { Length to Heel _____ feet _____ in.
 Width at Shoulder _____ }

OTHER MEMORANDA.

Native of Ohio


PAYMENTS.

Paid

Number of Funeral 318Number for the Current Year 1Be careful to enter name of
deceased and number of page
in index for future reference.Date, Jan '45 189.

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>H/1</u>		<u>18</u>
Trimming		
No. Handles,		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>4</u>
Plate Handles Corners on Box.		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		<u>22</u>
Amount brought over from preceding page		
Amount carried over to next page		

Name of Dec'd Mary Louise Koch
 Late Residence 18 Glen Ellen
 Age 20 years _____ months _____ days.
 Cause of Death Soft - of Brain
 Certifying Physician D. Osbourne
 Date of Death Dec Jan 3
 Date of Burial " 4
 Funeral at House or _____ Church.
 Place of Burial Home of Peabody Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native New York City

PAYMENTS.

Paid


Number of Funeral 319Number for the Current Year 2

Be careful to enter name of deceased and number of page in index for future reference.

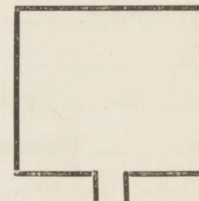
Date, Jun 5th 1892

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		10
Casket <u># 19</u>		65
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen, Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges <u>Ch</u>		7 50
Personal Attendance		
Hearse		10
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
<u>Permit</u>		6
<u>Opening Grave</u>		10
Amount of Bill		107 50
Amount brought over from preceding page		22
Amount carried over to next page		129 50

Name of Dec'd William Alexander
 Late Residence Somerset
 Age 37 years — months — days.
 Cause of Death Peritonitis
 Certifying Physician Dr Davis
 Date of Death Jun 4
 Date of Burial " 6
 Funeral at House Methodist Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription {
 on Plate. }

Measurement, { Length to Heel — feet — in. }
 { Width at Shoulder — }
 { }

OTHER MEMORANDA.
Nativity Ireland

PAYMENTS.

Paid

Number of Funeral 320Number for the Current Year 3Be careful to enter name of
deceased and number of page
in index for future reference.Date, Jan'y 8th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.		
	USE A PRIVATE MARK.			
Bill Rendered to <u>Mrs Goodwin</u>				
When Rendered <u>Jan'y 15th</u>				
Door Crape				
Draperies				
Candelabra and Candles				
Washing and Laying out Remains, <u>Shaving</u>		5		
Preservation of Remains		10		
Casket		75		
Trimming				
No. Handles				
No. Plate engraved		5		
Outside Box (Pine, Chestnut, Oak, Cedar)		5		
Plate Handles Corners on Box				
No. Robe				
Use of Doz. Chairs				
Doz. Pall Bearer or Funeral Notices and serving				
Advertising				
Prs. Gloves for				
Linen Scarfs for				
Arm Crape Badges Silk Caps				
Flowers				
Cemetery Charges				
Personal Attendance Porters and Help				
Hearse		10		
Carriages to				
<u>Permit</u>		6		
Transportation Expenses, &c.		150		
SUNDRY ITEMS.				
3 Carriages		15		
Opening grave		10		
Amount of Bill		142 50		
Amount brought over from preceding page		129 50		
Amount carried over to next page		272		

Name of Dec'd	Late Residence	Age	years	months	days	Cause of Death	Certifying Physician	Date of Death	Date of Burial	Funeral at House or Church	Place of Burial	Cemetery	Grave or Lot No.	Section No.
<u>Benjamin Goodwin</u>	<u>Schenectady</u>	<u>72</u>				<u>Pneumonia</u>	<u>Dr. Wm. ...</u>	<u>Jan'y 8th</u>	<u>" 10</u>		<u>Mountain</u>			

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 Show position of monument by ☐

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.
Intervij New Brunswick

PAYMENTS.			
Jan'y 15 th	By Cash	142	50

Number of Funeral 321Number for the Current Year 4Be careful to enter name of
deceased and number of page
in index for future reference.Date, Jan'y 9th 1892Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.Bill Rendered to Mr Geo Eustice

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Bring body to rooms & shipping

Transportation Expenses, &c

Use for Coffin & Box
SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

10

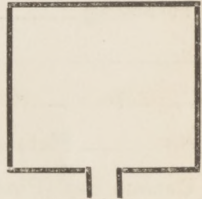
10

5

25

272

297

Name of Dec'd Harry Garfield EusticeLate Residence Home for Deaf & Blind ChildrenAge 11 years 6 months daysCause of Death La Grippe PneumoniaCertifying Physician Dr OsbourneDate of Death Jan'y 8thDate of Burial Funeral at House or Gilroy Church.Place of Burial Gilroy CemeteryGrave or Lot No. Section No. Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }Inscription {
on Plate. {Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

Native of Gilroy

PAYMENTS.

Paid

Number of Funeral 324Number for the Current Year 7

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 15³ 1892

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to Jerry LaffertyWhen Rendered March 14

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket #

32 50

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

5

Plate Handles Corners on Box

No. Robe

6

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

43 30

Amount brought over from preceding page

462 50

Amount carried over to next page

446 30

Name of Dec'd Marshall LaffertyLate Residence Glen EllenAge 87 years - months - daysCause of Death Old AgeCertifying Physician NoneDate of Death Feb 13⁶Date of Burial " 15

Funeral at House or Church

Place of Burial Flat Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Relative of Mrs. Caroline

PAYMENTS.

1892

May 14 By Cash

10 -

Paid by bank

Number of Funeral 325
 Number for the Current Year 8

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Feb 15th 1891

Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to County
 When Rendered
 Door Crape
 Draperies
 Candelabra and Candles
 Washing and Laying out Remains, Shaving
 Preservation of Remains
 Casket Chin 15
 Trimming
 No. Handles
 No. Plate engraved
 Outside Box (Pine, Chestnut, Oak, Cedar)
 Plate Handles Corners on Box
 No. Robe
 Use of Doz. Chairs
 Doz. Pall Bearer or Funeral Notices and serving
 Advertising
 Prs. Gloves for
 Linen Scarfs for
 Arm Crape Badges Silk Caps
 Flowers
 Cemetery Charges
 Personal Attendance Porters and Help
 Hearse
 Carriages to
 Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill
 Amount brought over from preceding page
 Amount carried over to next page

Name of Dec'd Ludwig Gullickson
 Late Residence New Glen Ellen
 Age 50 years months days
 Cause of Death Burnt to death
 Certifying Physician Coroner
 Date of Death Feb 15th
 Date of Burial " 17
 Funeral at House or Church
 Place of Burial Plot Cemetery
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross + }
 Show position of monument by □

Inscription
 on Plate.

Measurement { Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

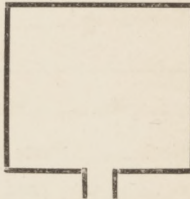
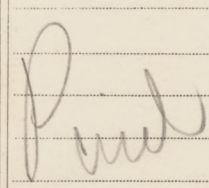
Sweden

PAYMENTS.

Paid

15
446
461

Number of Funeral 326Number for the Current Year 9Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 20th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd <u>Michael F. Glynn</u>	
	USE A PRIVATE MARK.		Late Residence <u>San Francisco</u>	
Bill Rendered to.....			Age <u>23</u> years <u>2</u> months <u>13</u> days.	
When Rendered.....			Cause of Death <u>Consumption</u>	
Door Crape.....			Certifying Physician <u>G. J. Phelan</u>	
Draperies.....			Date of Death <u>Feb 18</u>	
Candelabra and..... Candles.....			Date of Burial <u>" 20</u>	
Washing and Laying out Remains, Shaving.....			Funeral at House or <u>Catholic</u> Church.	
Preservation of Remains.....			Place of Burial <u>"</u> Cemetery.	
Casket.....			Grave or Lot No. _____ Section No. _____	
Trimming.....			Location of Grave 	
No. _____ Handles.....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }	
No. _____ Plate engraved.....			Inscription { _____ on Plate. { _____	
Outside Box (Pine, Chestnut, Oak, Cedar).....			Measurement, { Length to Heel _____ feet _____ in. } { Width at Shoulder _____ }	
Plate _____ Handles _____ Corners on Box.....			OTHER MEMORANDA.	
No. _____ Robe.....				
Use of _____ Doz. Chairs.....				
Doz. Pall Bearer or Funeral Notices and serving.....				
Advertising.....				
Prs. _____ Gloves for.....				
Linen Scarfs for.....				
Arm Crape..... Badges..... Silk Caps.....				
Flowers.....				
Cemetery Charges.....				
Personal Attendance..... Porters and Help.....				
Hearse.....		10 -		
Carriages to.....				
Transportation Expenses, &c.....		50		
SUNDRY ITEMS.			PAYMENTS.	
Amount of Bill.....		10 50		
Amount brought over from preceding page.....		46 1		
Amount carried over to next page.....		471 50		

Number of Funeral 327
 Number for the Current Year 10

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Feb 24th 1892

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to Capt. Hanks

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket \$ 22

3. v

30

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Permit
Cherry Telephone

6

60

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

39 60
471
510 60

Name of Dec'd

Annie Hanks

Late Residence

San Louis Embroidery

Age

-1- years 3 months - days

Cause of Death

Drowning

Certifying Physician

2 Citizens

Date of Death

Feb 23rd 1892

Date of Burial

" 25 "

Funeral at House or

Church

Place of Burial

Mountain

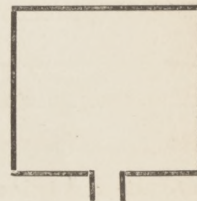
Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }



Inscription

on Plate.

Measurement

{ Length to Heel feet in.
 Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Burial in full 39 60

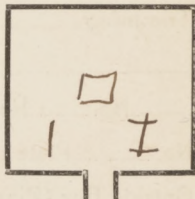
Number of Funeral 328Number for the Current Year 11

Be careful to enter name of deceased and number of page in index for future reference.

Date, March 75 1892

Items of Bill, (cross out items not furnished.)	Cost. USE A PRIVATE MARK.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		15
Preservation of Remains.....		
Casket <u>#22</u> <u>6:0.</u> <u>Shu Trimm</u>		95
Trimming.....		
No. Handles.....		
No. Plate engraved.....		5
Outside Box (Pine, Chestnut, Oak, Cedar).....		5
Plate Handles Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
<u>6</u> Prs. <u>Blk</u> Gloves for.....		175
Linen Scarfs for.....		
Arm Crape Badges Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance Porters and Help.....		10
Hearse.....		10
<u>2</u> Carriages to <u>50</u>		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
<u>1</u> <u>Crape</u>		1 -
<u>Telegrams</u>		50
<u>Expenses Minister</u>		2 00
<u>Permit</u>		6
<u>Opening Grave</u>		10
Amount of Bill.....		149 25
Amount brought over from preceding page.....		510 60
Amount carried over to next page.....		

Name of Dec'd Martina C. Farris
 Late Residence Agua Caliente
 Age 81 years 10 months 20 days.
 Cause of Death Bright's Disease
 Certifying Physician Dr. Davis
 Date of Death March 65
 Date of Burial "
 Funeral at House or _____ Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel. _____ feet _____ in. }
 { Width at Shoulder. _____ }

OTHER MEMORANDA.

Native Boston Mass

PAYMENTS.

Paid

Number of Funeral 329Number for the Current Year 12Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 18 1890

Items of Bill, (cross out items not furnished.) Cost. Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

2

50

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Permit

10
65

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

65

510 60

575 60

Name of Dec'd

George Allerton

Late Residence

Bellevue Hill

Age

80

years

months

days

Cause of Death

Bright's Disease

Certifying Physician

Dr. Halliser

Date of Death

March 18

Date of Burial

" 20

Funeral at House or

Church

Place of Burial

Hill

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Linger Land

PAYMENTS.

Paid

65

7

Number of Funeral 330Number for the Current Year 13Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 19 1892

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Mrs B D Miller</u>		
When Rendered <u>1525 4th St</u>		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>4 1</u>		<u>7 50</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>2 50</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>5</u>
Hearse <u>C Hagon</u>		<u>10 50</u>
Carriages to <u>Services</u>		<u>5 10</u>
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>25 10</u>	
Amount brought over from preceding page	<u>57 50</u>	
Amount carried over to next page	<u>60 00</u>	

Name of Dec'd Margaret H Miller
 Late Residence Home Fuller Minded
 Age 27 years 4 months 26 days.
 Cause of Death Dr Osborn
 Certifying Physician Dr Osborn
 Date of Death March 19
 Date of Burial
 Funeral at House or Church.
 Place of Burial Sacramento Cemetery
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription
 on Plate.

Measurement, { Length to Heel. feet. in. }
 { Width at Shoulder. }

OTHER MEMORANDA.

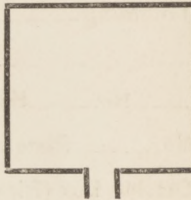
PAYMENTS.

By Cash 20

Number of Funeral 331Number for the Current Year 14Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 26th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>Home Public School Children</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>Chin</u>		
<u>6.0</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>4</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
<u>Receipt</u>		<u>50</u>
SUNDRY ITEMS.		
Amount of Bill	<u>14</u>	<u>50</u>
Amount brought over from preceding page	<u>600</u>	<u>70</u>
Amount carried over to next page	<u>615</u>	<u>20</u>

Name of Dec'd Ethel Harry Smith
 Late Residence Elm Hill
 Age 18 years 7 months 10 days.
 Cause of Death Consumption
 Certifying Physician Dr Osborne
 Date of Death March 26th
 Date of Burial
 Funeral at House or Home Cemetery Church
 Place of Burial " Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross + }
 Show position of monument by ☐

Inscription {

on Plate. }

Measurement, { Length to Heel. feet in. }
 { Width at Shoulder. }

OTHER MEMORANDA.

Native of Ethel Mills
Lusk Co. Cal.

Lied @ Home Public School
Children

PAYMENTS.

Paul

Number of Funeral 332Number for the Current Year 15Be careful to enter name of
deceased and number of page
in index for future reference.Date, Apr 20th 1892

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to David Jones

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 1. 5 x 9

30

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

5

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

10

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

45

Amount brought over from preceding page

61 5 20

Amount carried over to next page

66 0 20

Name of Dec'd Mary Ann JonesLate Residence SomersetAge 67 years months daysCause of Death Heart DebilityCertifying Physician Two CitizensDate of Death Apr 18thDate of Burial " 20

Funeral at House of Church

Place of Burial Plot Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement { Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA

Nativity England

PAYMENTS.

1892
Apr 21By Cash4545

Number of Funeral 333

Number for the Current Year 16

Be careful to enter name of deceased and number of page in index for future reference.

Date, Apr 20th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	<small>USE A PRIVATE MARK.</small>	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i># 1 2.9.</i>		<i>15-</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>3</i>
Plate.....Handles.....Corners on Box.....		
No.....Robe..... <i>Childs</i>		<i>4 50</i>
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<i>10</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>32.50</i>
Amount brought over from preceding page.....		<i>660 20</i>
Amount carried over to next page.....		<i>692 70</i>

Name of Dec'd Baphiste Marcucci
Late Residence Sonoma
Age 1 years 2 months days.
Cause of Death Measles, Bronchopneumonia
Certifying Physician Dr. Vance
Date of Death Apr 19
Date of Burial " 20
Funeral at House or Catholic Church.
Place of Burial " Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

OTHER MEMORANDA.
Activity Sonoma.

PAYMENTS.

Oct 4	By Cash	2.0	-
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SUNDRY ITEMS.

1250

32	50
660	20
692	70


Number of Funeral 334Number for the Current Year 17

Be careful to enter name of deceased and number of page in index for future reference.

Date, May 4th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>Home Table Mended</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>China 5.9</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		<u>4</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c. <u>Express</u>		<u>1</u>
SUNDRY ITEMS.		
Amount of Bill	<u>15</u>	
Amount brought over from preceding page	<u>692 70</u>	
Amount carried over to next page	<u>707 70</u>	

Name of Dec'd Wynne Sims
 Late Residence _____
 Age 12 years 8 months 2 days.
 Cause of Death Heart failing during a series of Epileptic Seizures
 Certifying Physician Dr. Osborne
 Date of Death May 3^d
 Date of Burial " 5th
 Funeral at House or _____ Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Arthur Franklin Co
Mississippi

PAYMENTS.

Paid


Number of Funeral 338Number for the Current Year 21

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 10th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		100
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance <u>or</u> Porters and Help.....		
Hearse <u>Carriage</u>		78
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		128
Amount brought over from preceding page.....		787 70
Amount carried over to next page.....		9157 70

Name of Dec'd Matilda Mahler
 Late Residence Public School Child
 Age 38 years 1 months 27 days.
 Cause of Death Series Abscess
 Certifying Physician Dr Osbourn
 Date of Death July 10th
 Date of Burial "
 Funeral at House or _____ Church.
 Place of Burial St. b Placerville Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native Cal.

PAYMENTS.

Paid

Number of Funeral 339Number for the Current Year 22Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 18 1892

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket # 195. 9

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

..... Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

..... Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

..... Prs. Gloves for.....

..... Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

..... Carriages to.....

Opium HousePrinting funeral noticesfor Co HospitalTransportation Expenses, &c. telegrams

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Allen A. ConverseLate Residence SomersetAge 63 years months days.

Cause of Death.....

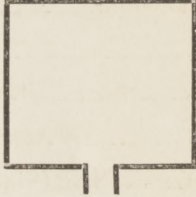
Certifying Physician.....

Date of Death July 16Date of Burial " 19

Funeral at House or Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Native New York

PAYMENTS.

Print111 75
915 70
1027 45

Number of Funeral 340Number for the Current Year 23

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 22d 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>5-6</u>		65
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		16
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	80	
Amount brought over from preceding page	10 27 43	
Amount carried over to next page	11 07 40	

Name of Dec'd Subarielli Toroni
 Late Residence Southern
 Age 20 years months days
 Cause of Death Maligant Diphtheria
 Certifying Physician Dr. Vancura
 Date of Death July 27th
 Date of Burial " 22
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription
 on Plate.

Measurement, { Length to Heel feet in.
 Width at Shoulder }

OTHER MEMORANDA.

Native Southern

PAYMENTS.

<u>Account</u>	2 50
<u>Cash</u>	77 50


Number of Funeral 341
 Number for the Current Year 24

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, July 27th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>M. P. Akers</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>#19</u>		<u>65-</u>
<u>5.9</u>		
Trimming		
No. Handles		
No. Plate engraved		<u>5-</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>10</u>
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>80</u>	
Amount brought over from preceding page	<u>1107 45</u>	
Amount carried over to next page	<u>1187 45</u>	

Name of Dec'd. Nancy M. Sneed
 Late Residence Sopoma
 Age 84 years 5 months 7 days.
 Cause of Death Old Age & General Paralysis
 Certifying Physician Dr. Vance
 Date of Death July 27
 Date of Burial " 28
 Funeral at House or _____ Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Kentucky

PAYMENTS.

Liss Lisc
Cash

35
75-


Number of Funeral 342Number for the Current Year 25

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 29th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 1</u>		
<u>45.9.</u>		<u>22.50</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar) <u>Spice</u>		<u>1.25</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>23</u>	<u>75</u>
Amount brought over from preceding page	<u>1187</u>	<u>43</u>
Amount carried over to next page	<u>1211</u>	<u>20</u>

Name of Dec'd Miss Victoria Jensen
 Late Residence Sonoma
 Age 8 years 7 months 1 days.
 Cause of Death Diphtheria
 Certifying Physician Dr. Vance
 Date of Death July 29th
 Date of Burial " 30
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, { Length to Heel feet in.
 { Width at Shoulder }

OTHER MEMORANDA.

Native fine Frances

PAYMENTS.

Number for the Current Year 26


Be careful to enter name of deceased and number of page in index for future reference.

Date, July 30th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		25
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		5
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		40
Amount brought over from preceding page.....		1211 20
Amount carried over to next page.....		1251 20

Name of Dec'd Joseph Malaspin
Late Residence Enon
Age 46 years — months — days.
Cause of Death Accidental Death
Certifying Physician Croner
Date of Death July 30
Date of Burial Jan 31st
Funeral at House or Cath Church.
Place of Burial " Cemetery.
Grave or Lot No. — Section No. —

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by  }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

OTHER MEMORANDUM

Native State

PAYMENTS.

Panel

Number of Funeral 343

Number for the Current Year 47

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 195 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		10
Casket..... <i>6.00</i>		
<i>Clothes</i>		100
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		5
Outside Box (Pine, Chestnut, Oak, Cedar).....		5
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		130
Amount brought over from preceding page.....	1257	20
Amount carried over to next page.....	1381	20

Name of Dec'd David O Shattuck
Late Residence Sopron
Age 92 years 4 months 27 days
Cause of Death _____
Certifying Physician Dr Vance
Date of Death Aug 18
Date of Burial " 21st
Funeral at House or Methodist Church.
Place of Burial Valley Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement, { Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

OTHER MEMORAND
Native Court.

PAYMENTS.

Jan 23	By Cash	100
	" "	80
		<u>180 00</u>

Number of Funeral 346
 Number for the Current Year 28

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Aug 29th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>Est of</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		5
Preservation of Remains		10
Casket # <u>25</u>		130
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
/ Plate Handles Corners on Box		5
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges <u>Open Grave</u>		10.00
Personal Attendance Porters and Help		1.0
Hearse		
Carriages to <u>Permit</u>		6.00
Transportation Expenses, &c. <u>Provision?</u>		2.50

SUNDRY ITEMS.

Amount of Bill
 Amount brought over from preceding page
 Amount carried over to next page

193 50
 138 1 20
 Discount 11.00

Name of Dec'd William H. Carriger
 Late Residence Somerset
 Age 34 years — months — days.
 Cause of Death Gun Shot wound
 Certifying Physician Coroner
 Date of Death Aug 27th
 Date of Burial " 30
 Funeral at House or _____ Church.
 Place of Burial _____ Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription
 on Plate.

Measurement { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Somerset Valley

PAYMENTS.

March 16 1896
Paid 182 50

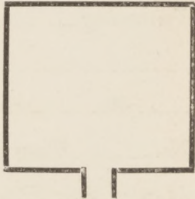
Number of Funeral 347Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference.

Date, Sept 55 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		65
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		-
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		75
Amount brought over from preceding page.....		1381 20
Amount carried over to next page.....		1456 20

Name of Dec'd James Lundy
 Late Residence Louisa
 Age 54 years 7 months 1 days.
 Cause of Death Carbunkle
 Certifying Physician Dr. Vance
 Date of Death Sept 55
 Date of Burial "
 Funeral at House or Cath Church.
 Place of Burial " Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native of Ireland


PAYMENTS.

Paid

Number of Funeral 348Number for the Current Year 30Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 10th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <u>Mrs S. James</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		10
Casket <u>5.9 #19</u>		65
<u>with box & plate</u>		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		10
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		10
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		95
Amount brought over from preceding page		1456 20
Amount carried over to next page		1551 20

Name of Dec'd Sam'l Irvin James
 Late Residence Somerset
 Age 42 years 4 months 11 days.
 Cause of Death Cancer of Stomach
 Certifying Physician Dr J T Gardner
 Date of Death Sept 8
 Date of Burial " 11
 Funeral at House or Christine Church.
 Place of Burial Sam'l Rose Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Ohio

PAYMENTS.


Paid

Date, Sept- 15 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i># 19 Steel including hinges.</i>		<i>60</i>
Trimming.....		
No. Handles,		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		<i>60</i>
Amount brought over from preceding page.....	<i>153-1</i>	<i>20</i>
Amount carried over to next page.....	<i>161-1</i>	<i>20</i>

Name of Dec'd William Ellis
Late Residence Savannah
Age 74 years 1 months days.
Cause of Death Apoplexy
Certifying Physician Dr. Walliser
Date of Death Sept- 13
Date of Burial " 15
Funeral at House or — Church.
Place of Burial Brownstone Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by  }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

OTHER MEMORANDUM
Native Wales

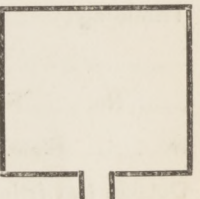
PAYMENTS.

This image shows a blank, aged, cream-colored page, likely a ledger or notebook page. The page is ruled with horizontal lines and vertical margin lines. A small, dark, irregular mark is visible near the top left corner. A diagonal line is drawn across the bottom left corner. The page is otherwise empty of text or other markings.

Number of Funeral 350Number for the Current Year 32Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept- 22^d 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>4.6</u>		<u>22</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar) <u>Spcl</u>		<u>125</u>
.....Plate.....Handles.....Corners on Box.....		
No. Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs. Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>23</u>	<u>26</u>
Amount brought over from preceding page.....	<u>611</u>	<u>20</u>
Amount carried over to next page.....	<u>1634</u>	<u>45</u>

Name of Dec'd Carl Victor Jansen
 Late Residence Somerset
 Age 6 years 11 months 30 days.
 Cause of Death Paralysis of Septicemia
Acute inflammation of both Lungs
 Certifying Physician Dr. Vander
 Date of Death Sept- 23
 Date of Burial " 23
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

52 Number of Funeral 351

Number of Funeral 331

Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Date, Sept- 26 1892

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
		USE A PRIVATE MARK.	
Bill Rendered to.....			
When Rendered.....			
Door Crape.....			
Draperies.....			
Candelabra and.....Candles.....			
Washing and Laying out Remains, Shaving.....			
Preservation of Remains.....			
Casket.....			
Trimming.....			
No.....Handles.....			
No.....Plate engraved.....			
Outside Box (Pine, Chestnut, Oak, Cedar).....			
Plate.....Handles.....Corners on Box.....			
No.....Robe.....			
Use of.....Doz. Chairs.....			
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs.....Gloves for.....			
Linen Scarfs for.....			
Arm Crape.....Badges.....Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance.....Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....			
Amount brought over from preceding page.....			
Amount carried over to next page.....			
Name of Dec'd.....		Late Residence.....	
Age.....years.....months.....days.....		Cause of Death.....	
Certifying Physician.....		Date of Death.....	
Date of Burial.....		Funeral at House or.....Church.....	
Place of Burial.....		Cemetery.....	
Grave or Lot No.....		Section No.....	
Location of Grave.....		Inscription.....	
Measurement.....		on Plate.....	
OTHER MEMORANDA.		PAYMENTS.	
Amount of Bill.....		Amount brought over from preceding page.....	
Amount carried over to next page.....		Amount of Bill.....	

Number of Funeral 352Number for the Current Year 34Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept- 28th 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
Trimming		
No. Handles,		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box.		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		
Amount brought over from preceding page		
Amount carried over to next page		

USE A PRIVATE MARK.

Name of Dec'd John W. GindyLate Residence LawrenceAge 60 years months daysCause of Death Fatty HeartCertifying Physician Dr. BoyceDate of Death Sept- 27Date of Burial " 28

Funeral at House or Church

Place of Burial Catholic Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Native Ireland

PAYMENTS.

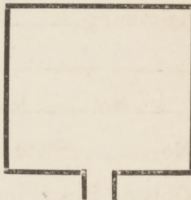
Paul

Number of Funeral 333

Number for the Current Year 35

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 22 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd.
Bill Rendered to.....			<u>Maggie Fowler</u>
When Rendered.....			Late Residence <u>Loraine</u>
Door Crape.....			Age <u>27</u> years <u>—</u> months <u>—</u> days.
Draperies.....			Cause of Death <u>Pregnancy perturbation</u>
Candelabra and Candles.....			Certifying Physician <u>Dr. Vance</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>Oct 21</u>
Preservation of Remains.....			Date of Burial <u>" 23</u>
Casket.....		<u>60</u>	Funeral at House or <u>—</u> Church.
Trimming.....			Place of Burial <u>Mountain</u> Cemetery.
No. Handles.....			Grave or Lot No. <u>—</u> Section No. <u>—</u>
No. Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>	Inscription { on Plate. {
Plate Handles Corners on Box.....			Measurement { Length to Heel <u>—</u> feet <u>—</u> in. { Width at Shoulder <u>—</u> {
No. Robe.....			OTHER MEMORANDA.
Use of Doz. Chairs.....			<u>Positive Onset</u>
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape Badges Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance Porters and Help.....		<u>10</u>	
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<u>75</u>	
Amount brought over from preceding page.....		<u>659 45</u>	
Amount carried over to next page.....		<u>734 45</u>	

1842

PAYMENTS.			
Dec 1	By Cash		<u>15</u>
July 17	" "		<u>10</u>
	" " in full		<u>50</u>


Number of Funeral 354Number for the Current Year 36Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 24 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 19</u>		
<u>5.6</u> <u>incl. box</u>		<u>65</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>10</u>
Hearse		
Carriages to		
Transportation Expenses, &c.		

USE A PRIVATE MARK.

Name of Dec'd John HesselLate Residence LouisaAge 80 years — months — days.Cause of Death General Debility. Acute BronchitisCertifying Physician Dr. DavisDate of Death Oct 23Date of Burial " 25Funeral at House or Cath Church.Place of Burial " Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

Juline Ireland

PAYMENTS.

Peril

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Number of Funeral

353

Number for the Current Year

37

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,

Oct - 24

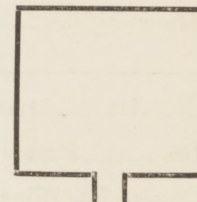
1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <i>Home Fable Minidell</i>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <i>6. 9.</i> <i>China</i>		10
Trimming		
No. Handles		
No. Plate engraved		4
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		50
SUNDRY ITEMS.		
Amount of Bill	14	50
Amount brought over from preceding page	1809	45
Amount carried over to next page	1823	95

Name of Dec'd *Louis Heiderling*
 Late Residence *Home Fable Minidell*
 Age *15* years *6* months *—* days.
 Cause of Death *Pulmonary Consumption*
 Certifying Physician *A. E. Osborne*
 Date of Death *Oct - 24*
 Date of Burial *" 26*
 Funeral at House or *—* Church.
 Place of Burial *Home* Cemetery.
 Grave or Lot No. *—* Section No. *—*

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription
 on Plate.

Measurement, { Length to Heel *—* feet *—* in. }
 { Width at Shoulder *—* }
 OTHER MEMORANDA.

Native San Francisco

PAYMENTS.

Paid

Number of Funeral 356Number for the Current Year 38Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 26 1892

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket S. G.
Stein

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Permit

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Lorenzo B LawrenceLate Residence South CoveAge 52 years months daysCause of Death Emen 7 StomachCertifying Physician Dr DavisDate of Death Oct 26Date of Burial " 27

Funeral at House or Church

Place of Burial Mountain Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross + }
Show position of monument by ☐

Inscription

on Plate.

Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

Native Lyons N. Y.

PAYMENTS.

Permit1162063 45


Number of Funeral 357Number for the Current Year 39

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 29 1892

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>J Schrockman guaranteed</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>#. 1</u> <u>5. 3</u>		<u>39</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>X</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		<u>10</u>
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
<u>Permit</u>		<u>1</u>
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>50</u>	
Amount brought over from preceding page	<u>2063</u>	<u>46</u>
Amount carried over to next page		

Name of Dec'd Isabella Fothergill
 Late Residence London
 Age 79 years months days
 Cause of Death Old Age
 Certifying Physician Dr Vance
 Date of Death Oct 29 3
 Date of Burial " 30
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel feet in.
 Width at Shoulder

OTHER MEMORANDA.

Native England

PAYMENTS.

By Cash25

Number of Funeral 358Number for the Current Year 40Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 29 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 1</u>		
<u>2. 9</u>		<u>15</u>
Trimming		
No. Handles		
No. Plate engraved		<u>3</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		

USE A PRIVATE MARK.

Name of Dec'd

Late Residence

Age 1 years 1 months 15 days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel _____ feet _____ in. }
{ Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Number of Funeral 359
 Number for the Current Year 41

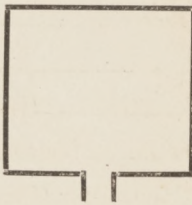
Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Nov 3 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>L. Breitenbach</u>		
When Rendered <u>L. Breitenbach</u>		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS		
Amount of Bill		
Amount brought over from preceding page		
Amount carried over to next page		

Amount of Bill 10
 Amount brought over from preceding page 20 80
 Amount carried over to next page 20 90

Name of Dec'd Francis L. Breitenbach
 Late Residence San Antonio, Texas
 Age — years 4 months — days
 Cause of Death —
 Certifying Physician —
 Date of Death Nov 2nd
 Date of Burial " 3
 Funeral at House or — Church.
 Place of Burial Monument Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross + }
 { Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel — feet — in. }
 { Width at Shoulder — }
 OTHER MEMORANDA.

PAYMENTS.

Paul

Number of Funeral 360Number for the Current Year 42Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 13th 1892

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

China
5.610

Trimming.....

No. Handles.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles.....Corners on Box.....

No. Robe.....

Use of.....Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

Carriages to.....

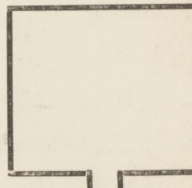
Transportation Expenses, &c. 50

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Katie Agnes CrowleyLate Residence Home FidelityAge 11 years 10 months 24 days.Cause of Death ConsumptionCertifying Physician A. E. OsborneDate of Death Nov 13Date of Burial "Funeral at House or " Church.Place of Burial " Cemetery.Grave or Lot No. " Section No. "Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in.)
{ Width at Shoulder..... }

OTHER MEMORANDA.

Native San Francisco

PAYMENTS.

Paid14 5020902104 50

Number of Funeral 361

Number for the Current Year 43

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 4th 1892

Items of Bill, (cross out items not furnished.)

	Cost.	Charged.
Bill Rendered to <i>County</i>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <i>* China</i>		<i>15</i>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<i>15</i>	
Amount brought over from preceding page	<i>210450</i>	
Amount carried over to next page	<i>211950</i>	

Name of Dec'd *Unknown*

Late Residence

Age *22* years months days

Cause of Death *Buried in City Prison*

Certifying Physician *Conover*

Date of Death *Nov 4*

Date of Burial *" 5*

Funeral at House or Church

Place of Burial Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel feet in. {

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Gail

Number of Funeral 362Number for the Current Year 44

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 43 1892

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to County

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket China

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Believed to be John Barry.

Late Residence

Age 35 years months daysCause of Death Killed in City PrisonCertifying Physician CoronerDate of Death Nov 43Date of Burial " 5

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross +. }
 { Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

Native Ireland

PAYMENTS.

Paid

15
21.04 50
21.19 50

64 Number of Funeral 363

Number of Funeral 363

Number for the Current Year

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 30th 1892

Items of Bill, (cross out items not furnished.)

Cost.

USE A PRIVATE MARK.

Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies.

Candelabra and.....Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

#12

Trimming

No. Handles.

No. Plate engraved.

Outside Box (Pine, Chestnut, Oak, Cedar).

Plate Handles Corners on Box.

No. Robe

Use of Doz, Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape.....Badges.....Silk Caps

Flowers.

Cemetery Charges.

Personal Attendance.....Porters and Help.....

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Certificati (Permit)

paid X

Paint

Amount of Bill

Amount brought over from preceding page


Amount carried over to next page

225	
2119	50
2344	50

Number of Funeral 365Number for the Current Year 47Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 21st 1892

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 1</u>		
<u>2.9</u>		<u>16</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar) <u>Spcl</u>		<u>1.25</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>16</u>	<u>25</u>
Amount brought over from preceding page	<u>2379</u>	<u>50</u>
Amount carried over to next page	<u>2395</u>	<u>75</u>

Name of Dec'd Edwin Jansen
 Late Residence Lorvane
 Age 1 years — months — days.
 Cause of Death Spinal Meningitis. Tetanus
 Certifying Physician Dr. Vance
 Date of Death Dec 21st
 Date of Burial " 23
 Funeral at House or — Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel — feet — in.)
 { Width at Shoulder — } }

OTHER MEMORANDA.

Native Lorvane

PAYMENTS.

Paid

Number of Funeral 366Number for the Current Year 48Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 24th 1892

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 300Cul Casket Co S.G.

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

120

2395 75

2515 75

Name of Dec'd Rebecca E NeilLate Residence ForumerAge 69 years months daysCause of Death Old Age Bronchitis & CatarrhCertifying Physician Dr VanceDate of Death Dec 24Date of Burial " 26

Funeral at House or Church

Place of Burial Gravestone Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Paul

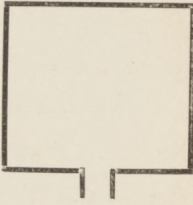
Number of Funeral 367
 Number for the Current Year 49

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Dec 27 1892

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		5
Preservation of Remains		
Casket <u>5.19</u>		65
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		10
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		10
Hearse		2
Carriages to <u>Heavenly</u>		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		95
Amount brought over from preceding page		2515.75
Amount carried over to next page		2610.75

Name of Dec'd David William Jones
 Late Residence London
 Age 66 years — months — days.
 Cause of Death Enlarged Liver & Heart Disease
 Certifying Physician Dr. Vance
 Date of Death Dec 26
 Date of Burial " 28
 Funeral at House or Valley Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription
 on Plate.

Measurement { Length to Heel — feet — in.
 Width at Shoulder — }

OTHER MEMORANDA.

Inter England

PAYMENTS.

Number of Funeral 368Number for the Current Year 50Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 31st 1892

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to Home F. M. J.

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 1.

15

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

4

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Express

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

19	
261 0	75
2629	75

Name of Dec'd Ernest Chas LoganLate Residence Home F. M. J.Age 21 years 10 months 20 days.Cause of Death EpilepsyCertifying Physician A. E. OsbornDate of Death Dec 31st

Date of Burial

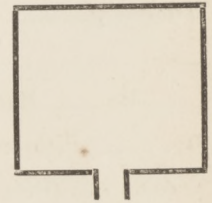
Funeral at House or Church.

Place of Burial Home Cemetery.

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }



Inscription

on Plate.

Measurement

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

Native
Upper Norwood Surrey
England


PAYMENTS.

Pay

Number of Funeral 369Number for the Current Year 1Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 2d 1893

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Home F. M.</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># China</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		<u>4</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
<u>Freight</u>		
Transportation Expenses, &c.		<u>50</u>
SUNDRY ITEMS.		
Amount of Bill	<u>14</u>	<u>50</u>
Amount brought over from preceding page		
Amount carried over to next page		

Name of Dec'd Benjamin Scott
 Late Residence Home F. M.
 Age 18 years — months — days.
 Cause of Death General Exhaustion
 Certifying Physician A. E. Osborn
 Date of Death June 1st
 Date of Burial June 2d
 Funeral at House or Home Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel — feet — in. }
 { Width at Shoulder — }
 {

OTHER MEMORANDA.

Woodland Job Co. Cal

PAYMENTS.

Paul

Number of Funeral 370Number for the Current Year 2Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 4th 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to Home F.M.

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

1 (China)

10 -

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

4

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

50

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

14 50

14

29

Name of Dec'd

Chas Oscar Gillett

Late Residence

Home Noble Kindel

Age

19 years 10 months 4 days

Cause of Death

General Consumption

Certifying Physician

Dr Osborne

Date of Death

July 3

Date of Burial

Funeral at House or

Church

Place of Burial

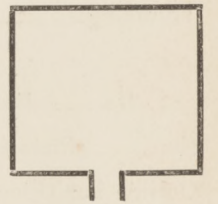
Home

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

Native of
your color
Douglas Co
Ore.

PAYMENTS.

Paid


Number of Funeral 371Number for the Current Year 3

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 10 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse <u>2 times 50</u> <u>8/10/93</u>		<u>13</u>
Carriages to.....		
Transportation Expenses, &c. <u>Box to funeral & grave</u>		<u>1</u>
SUNDRY ITEMS.		
Amount of Bill.....	<u>14</u>	
Amount brought over from preceding page.....	<u>29</u>	
Amount carried over to next page.....	<u>43</u>	

Name of Dec'd Augusta Herbert
 Late Residence Junio Rosa
 Age 22 years 9 months 11 days.
 Cause of Death Pneumonia
 Certifying Physician Dr Boyce
 Date of Death July 9
 Date of Burial " 11
 Funeral at House or Mountain Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native Germany.

PAYMENTS.

Paid

Number of Funeral 372Number for the Current Year 4

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 13th 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

19
6.01065

Trimming.....

No. Handles,.....

No. Plate engraved.....

5
5

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

10

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill.....

98

Amount brought over from preceding page.....

43

Amount carried over to next page.....

138

Name of Dec'd.....

Late Residence.....

Age 57 years.....

months.....

days.....

Cause of Death.....

Certifying Physician.....

Date of Death.....


Date of Burial.....

Funeral at House or.....

Place of Burial.....

Grave or Lot No.

Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }
{ Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, {

{ Length to Heel.....feet.....in. }

{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

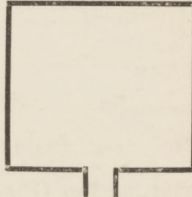
Number of Funeral 373Number for the Current Year 5

Be careful to enter name of deceased and number of page in index for future reference.

Date, June 14 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>#1. 2. 9</u>		<u>15</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>2 50</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>17 50</u>	
Amount brought over from preceding page	<u>13 8</u>	
Amount carried over to next page	<u>155 50</u>	

Name of Dec'd Freddie Envalde
 Late Residence Los Angeles
 Age 1 years 7 months 7 days.
 Cause of Death
 Certifying Physician Dr Vance
 Date of Death June 14 8
 Date of Burial " 15
 Funeral at House or Mountain Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel feet in.

Width at Shoulder

OTHER MEMORANDA.

Native Son

PAYMENTS.

Paul

Number of Funeral 374Number for the Current Year 6Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 15th 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

19
5.9

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 78 years months days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate

Measurement

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

By Cash
for50
35

86

155 50

240 50

86

Number of Funeral 375Number for the Current Year 7

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 15th 1893

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to John H. Preston

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

2 5.650

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

10

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

<u>60</u>	
<u>240</u>	<u>50</u>
<u>300</u>	<u>50</u>

Name of Dec'd

John Wesley Preston

Late Residence

Home, Ryple, Minned

Age

18 years 9 months 29 days

Cause of Death

Epilepsy, Exhaustion

Certifying Physician

A. E. Osborn

Date of Death

July 15th

Date of Burial

"

Funeral at House or

Church

Place of Burial

San Jose

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel. feet in. }

{ Width at Shoulder. }

OTHER MEMORANDA.

Native Brunswick
Clair Co. Wis

PAYMENTS.

Paid

Number of Funeral 376

Number for the Current Year 8

Be careful to enter name of deceased and number of page in index for future reference.

Date, January 18th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>Home</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>China</u> <u>5.9</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		<u>4</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		<u>50</u>

SUNDRY ITEMS.

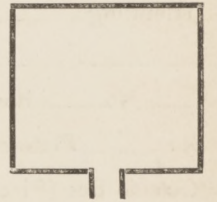
Amount of Bill
Amount brought over from preceding page
Amount carried over to next page

14 50
3 00 50
3 15

Name of Dec'd Louisa Hommers
Late Residence Home P.M.
Age 31 years 6 months — days.
Cause of Death Epilepsy Apoplectic hemorrh
Certifying Physician Dr. J. W. Brown
Date of Death Jan 17th
Date of Burial Jan 17th
Funeral at House or Church.
Place of Burial Home Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }



Inscription
on Plate.

Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

White Iron Co. Cal

PAYMENTS.

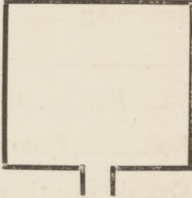
Per

Number of Funeral 377Number for the Current Year 9

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 20th 1893


Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>H</u> <u>4.0</u>		22
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		3
Plate Handles.....Corners on Box.....		
No. Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	30	
Amount brought over from preceding page.....	315	
Amount carried over to next page.....	345	

Name of Dec'd. <u>Martha Blackree</u>
Late Residence <u>Hornet Peble Minster</u>
Age <u>6</u> years <u>2</u> months <u>9</u> days.
Cause of Death <u>Sanitary Corp. of Medicine</u>
Certifying Physician <u>A. E. Ashburn</u>
Date of Death <u>20th of January</u>
Date of Burial <u>Wed. Jan. 22^d</u>
Funeral at House or <u>Home</u> Church.
Place of Burial <u>"</u> Cemetery.
Grave or Lot No. _____ Section No. _____
Location of Grave 
{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. }
{ Show position of monument by □ }
Inscription { _____
on Plate. { _____
Measurement, { Length to Heel _____ feet _____ in. }
{ Width at Shoulder _____ }
OTHER MEMORANDA.
<u>Born Berkeley Alameda Co.</u>
PAYMENTS.
<u>Paul</u>

Number of Funeral 378Number for the Current Year 10Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 30th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c. <u>Costage</u>		
SUNDRY ITEMS.		
Amount of Bill		
Amount brought over from preceding page		
Amount carried over to next page		

USE A PRIVATE MARK.

Name of Dec'd James M. GindyLate Residence Elm ElmAge 45 years — months — days.Cause of Death Calm Interdiction of StomachCertifying Physician Thos E CoffinollyDate of Death June 28thDate of Burial June 30thFuneral at House or Calm Church.Place of Burial " Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel — feet — in. }{ Width at Shoulder — }

OTHER MEMORANDA.

PAYMENTS.

Paul


Number of Funeral 379Number for the Current Year 11

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 3 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to <u>Home</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>China</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		<u>4</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		<u>50</u>
SUNDRY ITEMS.		
Amount of Bill	<u>14</u>	<u>50</u>
Amount brought over from preceding page	<u>358</u>	
Amount carried over to next page	<u>372</u>	<u>50</u>

Name of Dec'd Joe Bird Miller
 Late Residence Home Table Minded
 Age 20 years 8 months 7 days.
 Cause of Death Emil & Hamilton & Drivory
 Certifying Physician A E Osborn
 Date of Death Feb 3
 Date of Burial " 4
 Funeral at House or _____ Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

Native Omaha Feb.

PAYMENTS.

Paid

Number of Funeral 380Number for the Current Year 12Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 8 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket #1.....

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

.....

.....

.....

Transportation Expenses, &c.....

.....

SUNDRY ITEMS.

.....

.....

.....

.....

.....

.....

.....

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....


Name of Dec'd William GoldsmithLate Residence Home Public UnitedAge 12 years 5 months — daysCause of Death Pulmonary ConsumptionCertifying Physician A. E. OsbornDate of Death Feb 8

Date of Burial.....

Funeral at House or..... Church.

Place of Burial San Bernardino Cemetery

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

Native Rio con
San Bernardino

PAYMENTS.

Paid in full.40
372.50
412.50

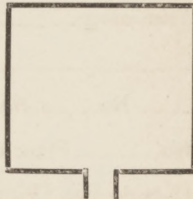
Number of Funeral 381Number for the Current Year 13

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 16th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <u>6.00</u>		
<u># 2</u>		<u>50</u>
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>
Plate Handles.....Corners on Box.....		
No. Robe.....		<u>10</u>
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<u>10</u>
Carriages to.....		
<u>Permit</u>		<u>1</u>
Transportation Expenses, &c.....		<u>5</u>
SUNDRY ITEMS.		
Amount of Bill.....	<u>81</u>	
Amount brought over from preceding page.....	<u>412</u>	<u>50</u>
Amount carried over to next page.....	<u>493</u>	<u>50</u>

Name of Dec'd Prof. Benbaris
 Late Residence London
 Age 33 years months days.
 Cause of Death Exhaustion
 Certifying Physician A. M. Gardner
 Date of Death Feb 15th
 Date of Burial 17
 Funeral at House or Masonic Hall Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross +. }
 Show position of monument by ☐

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native France

PAYMENTS.

Paul

Number of Funeral 382Number for the Current Year 14

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 22d 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to Home

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 34 years 9 months 17 days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Place of Burial

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }

{ Width at Shoulder }

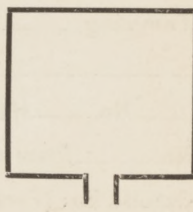
OTHER MEMORANDA.

PAYMENTS.

Number of Funeral 383Number for the Current Year 15

Be careful to enter name of deceased and number of page in index for future reference.

Date, March 20th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd
	USE A PRIVATE MARK.		
Bill Rendered to.....			<u>Chas C. Fisher</u>
When Rendered.....			Late Residence <u>New Brunswick</u>
Door Crape.....			Age <u>53</u> years months days
Draperies.....			Cause of Death <u>Pericarditis</u>
Candelabra and Candles.....			Certifying Physician <u>Dr. Haller</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>March 19</u>
Preservation of Remains.....		<u>58</u>	Date of Burial <u>" 22</u>
Casket <u># Cent. Hard</u>		<u>125</u>	Funeral at House or <u>Yankee</u> Church.
<u>+ Blue lining</u>			Place of Burial <u>Yankee</u> Cemetery.
Trimming.....			Grave or Lot No. Section No. <u>C</u>
No. Handles.....			Location of Grave 
No. Plate engraved.....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>	Inscription {
Plate Handles Corners on Box.....			on Plate. {
No. Robe.....			Measurement, { Length to Heel.....feet.....in. }
Use of Doz. Chairs.....			{ Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving.....			OTHER MEMORANDA.
Advertising.....			<u>Autograph Remount</u>
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape. Badges. Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance. Porters and Help.....		<u>10</u>	
Hearse.....			
Carriages to.....			
<u>Permit</u>		<u>10</u>	
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
<u>1 Carriage</u>		<u>4</u>	
Amount of Bill.....		<u>195</u>	
Amount brought over from preceding page.....		<u>513</u>	
Amount carried over to next page.....		<u>708</u>	

PAYMENTS.

Number of Funeral 384
 Number for the Current Year 16

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, April 1st 1893


Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to _____
 When Rendered _____
 Door Crape _____
 Draperies _____
 Candelabra and _____ Candles _____
 Washing and Laying out Remains, Shaving _____
 Preservation of Remains _____
 Casket # 1
5.9 with box.
 Trimming _____
 No. _____ Handles, _____
 No. _____ Plate engraved _____
 Outside Box (Pine, Chestnut, Oak, Cedar) _____
 Plate _____ Handles _____ Corners on Box _____
 No. _____ Robe _____
 Use of _____ Doz. Chairs _____
 Doz. Pall Bearer or Funeral Notices and serving _____
 Advertising _____
 Prs. _____ Gloves for _____
 Linen Scarfs for _____
 Arm Crape _____ Badges _____ Silk Caps _____
 Flowers _____
 Cemetery Charges _____
 Personal Attendance _____ Porters and Help _____
 Hearse _____
 Carriages to _____
 Transportation Expenses, &c. _____

SUNDRY ITEMS

Amount of Bill _____
 Amount brought over from preceding page _____
 Amount carried over to next page _____

Name of Dec'd Celestin Audrieux
 Late Residence El Verano
 Age 45 years _____ months _____ days.
 Cause of Death Pneumonia
 Certifying Physician Dr Davis
 Date of Death March 31
 Date of Burial Apr 2
 Funeral at House or Ch. Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †. }
 Show position of monument by ☐

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native French

PAYMENTS.

Paul

46
708
754

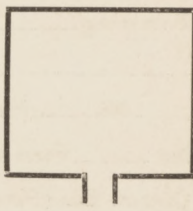
Number of Funeral 385Number for the Current Year 17

Be careful to enter name of deceased and number of page in index for future reference.

Date, Apr 8 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains <u>Temporary</u>		25
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance <u>& Carriage</u>Porters and Help.....		6
Hearse.....		13
1.....Carriages to.....		5
Transportation Expenses, &c.....		2.00
SUNDRY ITEMS.		
Amount of Bill.....	51	
Amount brought over from preceding page.....	754	
Amount carried over to next page.....	805	

Name of Dec'd W. B. H. Graves
 Late Residence Lomax
 Age 72 years months days.
 Cause of Death Ally Degeneration of Heart
 Certifying Physician H. H. Smith
 Date of Death Apr 7
 Date of Burial " 9
 Funeral at House or Church.
 Place of Burial First Street Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Palmer New York

PAYMENTS.

Number of Funeral 386
 Number for the Current Year 18

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Apr 29 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and..... Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket # 19

5.6 Spcl Immured

70

Trimming.....

No. Handles.....

No. Plate engraved.....

5
5

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

10

Carriages to.....

Permit

1

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

90

805

896

Name of Dec'd Elizabeth Glaister

Late Residence Somerset

Age 78 years — months — days

Cause of Death Old Age. Apoplexia Cerebra

Certifying Physician G. Hallister

Date of Death Apr 28 1893

Date of Burial " 30

Funeral at House or.....


Church.....

Place of Burial Mountain

Cemetery.....

Grave or Lot No.....

Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native England

PAYMENTS.

Permit

Number of Funeral 387Number for the Current Year 19

Be careful to enter name of deceased and number of page in index for future reference.

Date, Apr 30 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		15
Casket <u>#21</u> <u>Etha</u> <u>Spcl</u>		65
Trimming		
No. Handles		
No. Plate engraved		5
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		12
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		10
Personal Attendance Porters and Help		
Hearse		10
Carriages to		
Transportation Expenses, &c.		

SUNDRY ITEMS.

Permit

6

Amount of Bill

138

Amount brought over from preceding page

896

Amount carried over to next page

1034

Name of Dec'd Christian BeiseLate Residence Ham Glen EllenAge 69 years 3 months 11 daysCause of Death Hydrophobic AscitesCertifying Physician GallisonDate of Death Apr 30Date of Burial May 2

Funeral at House or Church

Place of Burial Mountain Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross + }
 { Show position of monument by □ }

Inscription {

on Plate. {

Measurement { Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

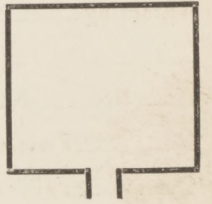
Native Germany

PAYMENTS.

Number of Funeral 388Number for the Current Year 20Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 43 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u># 1</u>		<u>30</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		<u>5</u>
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.		<u>5</u>
SUNDRY ITEMS.		
Amount of Bill.....	<u>40</u>	
Amount brought over from preceding page.....	<u>1634</u>	
Amount carried over to next page.....	<u>1074</u>	

Name of Dec'd J B Thackeray
 Late Residence Home 414 E 10th St
 Age 18 years 8 months 1 days.
 Cause of Death Genl E-hemorrhage
 Certifying Physician Dr A E Osborn
 Date of Death May 43
 Date of Burial "
 Funeral at House or San Francisco Church.
 Place of Burial San Francisco Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 390Number for the Current Year 22Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 12 1898

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket 6-3 Spol Trained No 22

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Geo. S. TateLate Residence DonoricaAge 26 years 8 months days.Cause of Death ConsumptionCertifying Physician H. H. DavisDate of Death May 10Date of Burial " 12

Funeral at House or

Church.

Place of Burial Mountain

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription

on Plate.

Measurement,

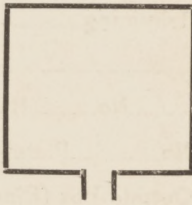
{ Length to Heel feet in. }
{ Width at Shoulder }
Native Californian

OTHER MEMORANDA.

PAYMENTS.

Paid10310841187

Number of Funeral 391Number for the Current Year 23Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 13 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
USE A PRIVATE MARK.			
Bill Rendered to.....			Name of Dec'd <u>Margaret Lewis</u>
When Rendered.....			Late Residence <u>Bottom a</u>
Door Crape.....			Age <u>76</u> years..... months..... days.
Draperies.....			Cause of Death.....
Candelabra and..... Candles.....			Certifying Physician <u>H H Davis</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>12 May</u>
Preservation of Remains.....			Date of Burial <u>13</u> "
Casket.....		<u>65.</u>	Funeral at House or..... Church.
Trimming.....			Place of Burial <u>Outside</u> Cemetery.
No. Handles,.....			Grave or Lot No. Section No.
No. Plate engraved.....		<u>5</u>	Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>	{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
Plate..... Handles..... Corners on Box.....			Inscription {
No. Robe.....		<u>12</u>	on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....		<u>10</u>	
Carriages to.....			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill.....		<u>97</u>	
Amount brought over from preceding page.....		<u>1187</u>	
Amount carried over to next page.....		<u>1284</u>	
			Paid

Number of Funeral 392
 Number for the Current Year 24

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, May 26 1893

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to Home
 When Rendered _____
 Door Crape _____
 Draperies _____
 Candelabra and _____ Candles _____
 Washing and Laying out Remains, Shaving _____
 Preservation of Remains _____
 Casket # 1.
4. 9.
 Trimming _____
 No. _____ Handles, _____
 No. _____ Plate engraved _____
 Outside Box (Pine, Chestnut, Oak, Cedar) _____
 _____ Plate _____ Handles _____ Corners on Box _____
 No. _____ Robe _____
 Use of _____ Doz. Chairs _____
 _____ Doz. Pall Bearer or Funeral Notices and serving _____
 Advertising _____
 _____ Prs. _____ Gloves for _____
 _____ Linen Scarfs for _____
 Arm Crape _____ Badges _____ Silk Caps _____
 Flowers _____
 Cemetery Charges _____
 Personal Attendance _____ Porters and Help _____
 Hearse _____
 _____ Carriages to _____

Transportation Expenses, &c. _____

SUNDRY ITEMS.

Amount of Bill _____
 Amount brought over from preceding page _____
 Amount carried over to next page _____

Name of Dec'd Chas. L. Lown

Late Residence Home Peble Middel

Age 118 years 10 months 23 days

Cause of Death Pulmonary Consumption

Certifying Physician A. E. Osborne

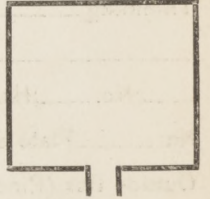
Date of Death May 26

Date of Burial May 27

Funeral at House or _____ Church.

Place of Burial Home Cemetery.

Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Rio Bell
Hamm Boldt Co
Cal

Bill may + including this
funeral June 3.

PAYMENTS.

Peril

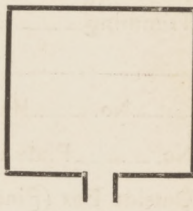
13 25
1284
1297 25

Number of Funeral 393Number for the Current Year 25

Be careful to enter name of deceased and number of page in index for future reference.

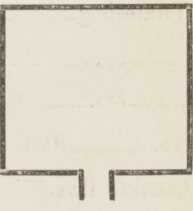
Date, July 1st 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 1, 5.0</u> <u>Complete</u>		<u>27.50</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>27</u>	<u>50</u>
Amount brought over from preceding page	<u>1297</u>	<u>25</u>
Amount carried over to next page	<u>1324</u>	<u>75</u>

Name of Dec'd <u>Ernest Holcomb</u>
Late Residence <u>Home Table Minded</u>
Age <u>11</u> years <u>7</u> months <u>15</u> days
Cause of Death <u>Paralysis Progressive degeneration of Spinal Chord.</u>
Certifying Physician <u>A. E. Johnson</u>
Date of Death <u>June 30 3</u>
Date of Burial <u>July 2 ?</u>
Funeral at House or Church.
Place of Burial <u>Shacktown</u> Cemetery.
Grave or Lot No. Section No.
Location of Grave 
Inscription on Plate.
Measurement { Length to Heel feet in. Width at Shoulder }
OTHER MEMORANDA. <u>Arthur Starnes</u> <u>Mrs.</u>
PAYMENTS.
<u>Paid</u>

Number of Funeral 394Number for the Current Year 26Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 6th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 21</u>		<u>75</u>
Trimming		
No. Handles		
No. Plate engraved		<u>5</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>10</u>
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>88</u>	<u>Thet</u>
Amount brought over from preceding page	<u>1324</u>	<u>75</u>
Amount carried over to next page	<u>1412</u>	<u>75</u>

Name of Dec'd <u>Leatha Akers</u>
Late Residence <u>Shelleville</u>
Age <u>90</u> years <u>10</u> months <u>6</u> days
Cause of Death <u>Old age</u>
Certifying Physician <u>Dr. Davis</u>
Date of Death <u>July 6th</u>
Date of Burial <u>July 9th</u>
Funeral at House or _____ Church.
Place of Burial <u>Mountain</u> Cemetery.
Grave or Lot No. _____ Section No. _____
Location of Grave 
Inscription { on Plate. {
Measurement, { Length to Heel _____ feet _____ in. } { Width at Shoulder _____ }
OTHER MEMORANDA. <u>Native Virginian</u>
PAYMENTS.
<u>Paid</u>

Number of Funeral

395

Number for the Current Year

27

Be careful to enter name of deceased and number of page in index for future reference.

Date,

July 12th

1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

2
5. 6

45

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

5

Plate Handles Corners on Box

No. Robe

Creme

12

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

10

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

72

Amount brought over from preceding page

1412 75

Amount carried over to next page

1484 75

Name of Dec'd

Miss Mildred Perkins

Late Residence

Sommer

Age

22

years

7

months

days

Cause of Death

Consumption

Certifying Physician

Johannsen

Date of Death

July 10th

Date of Burial

" 12

Funeral at House or

Church

Place of Burial

Mountain Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }


OTHER MEMORANDA.

Native Sommer

PAYMENTS.

Paid

Name of Dec'd *John Dowdall*
Late Residence *New Somerville*
Age *78* years *8* months days.
Cause of Death
Certifying Physician *Dr. Ballier*
Date of Death *July 16*
Date of Burial *" 18*
Funeral at House or *Cath* Church.
Place of Burial *"* Cemetery.
Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription {
on Plate. {

Measurement, { Length to Heel.....feet.....in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.


Autumn Ireland

PAYMENTS.	
<i>By Cash</i>	<i>45-</i>

Number of Funeral 397Number for the Current Year 29Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 21st 1893

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Home</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>Chin # 6.0</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		<u>4</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>14.</u>	
Amount brought over from preceding page	<u>1574 75</u>	
Amount carried over to next page	<u>1588 75</u>	

Name of Dec'd Bing Franklyn Miller
 Late Residence Home 4th M.
 Age 24 years — months — days.
 Cause of Death Consumption
 Certifying Physician Dr A E Osborne
 Date of Death July 21st
 Date of Burial " 22
 Funeral at House or Home Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel — feet — in. }Width at Shoulder — }

OTHER MEMORANDA.

Native
Christmas Hill
Placer Co.

PAYMENTS.

Paul Let 15/94

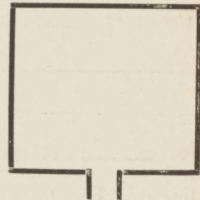
Number of Funeral 399Number for the Current Year 31

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 24th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>\$ 5.3</u> <u>Rel</u>		<u>50</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs..... Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>50</u>	
Amount brought over from preceding page.....	<u>1617 75</u>	
Amount carried over to next page.....	<u>1667 35</u>	

Name of Dec'd Mary Cornelia Longfellow
 Late Residence Home 7th St
 Age 26 years 6 months 24 days.
 Cause of Death Epilepsy
 Certifying Physician A. E. Osborne
 Date of Death July 24th
 Date of Burial " 25th
 Funeral at House or Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Hubert Hudson Michigan

PAYMENTS.

Paid

Number of Funeral 400Number for the Current Year 32

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 14th 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to County

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # Chimney15

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles. Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

15
1667 75
1882 75
Name of Dec'd Lemmis LaneLate Residence SomersetAge 55 years months daysCause of Death Int Hemorrhage KidneysCertifying Physician CornwallDate of Death Aug 14Date of Burial 15

Funeral at House or

Church.

Place of Burial Valley

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

 { Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA

Arthur Ireland

PAYMENTS.

Paid

Number of Funeral 401Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 15 1893Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket <u>0.50</u> <u>2 feet</u>		<u>10</u>	<u>75</u>
Trimming			
No. Handles			
No. Plate engraved		<u>5</u>	
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>	
Plate Handles Corners on Box			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse		<u>10</u>	
Carriages to			
Transportation Expenses, &c.		<u>5</u>	
SUNDRY ITEMS.			
		<u>110</u>	
Amount of Bill		<u>1882</u>	<u>75</u>
Amount brought over from preceding page		<u>1992</u>	<u>75</u>
Amount carried over to next page			

Name of Dec'd Lyman Collins
 Late Residence Lawrence
 Age 63 years 10 months — days.
 Cause of Death Consumption
 Certifying Physician Dr Davis
 Date of Death Aug 15
 Date of Burial " 17
 Funeral at House or Church.
 Place of Burial Oakland Cemetery.
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate.

Measurement, { Length to Heel feet in.
 Width at Shoulder }

OTHER MEMORANDA.

Active Hope
me.

PAYMENTS.

By Cash
" "

50
60

Paid

Number of Funeral 402Number for the Current Year 34Be careful to enter name of
deceased and number of page
in index for future reference.Date, Aug 23d 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 12

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Permit

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 26 years 5 months - daysCause of Death Tuberculosis pulmonumCertifying Physician Dr WallizerDate of Death Aug 23dDate of Burial Aug 26

Funeral at House or

Church

Place of Burial Monument

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Native Son

PAYMENTS.

Paid

106

1992 72

209 8 72

Date, May 26th 1893

USE A PRIVATE MARK.

COPYRIGHTED 1890, BY T. MILTON TAYLOR, 163 BOWERY, N. Y.

Number of Funeral 404Number for the Current Year 36Be careful to enter name of
deceased and number of page
in index for future reference.Date, Aug 30 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....# 125

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

10

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

35

Amount brought over from preceding page.....

2114 75

Amount carried over to next page.....

2149 75


Name of Dec'd.....

Late Residence.....

Age 36 years 6 months — days.Cause of Death.....Shock & ExhaustionCertifying Physician.....Dr H SullivanDate of Death.....Aug 30Date of Burial.....Sept 1Funeral at House or.....Cath Church.

Place of Burial....." Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.


PAYMENTS.

Partial

Number of Funeral 405Number for the Current Year 37Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 12 1893

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Geo H. Russell</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		5
Preservation of Remains		75
Casket <u># 070</u>		125
<u>5.9</u>		
Trimming		
No. Handles		
No. Plate engraved		5
Outside Box (Pine, Chestnut, Oak, Cedar)		3
Plate Handles Corners on Box		
No. Robe <u>2 P.A.</u>		15
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		10
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS. <u>Tele phone</u>		50
Amount of Bill	238	
Amount brought over from preceding page	2149	75
Amount carried over to next page	2384	75

Name of Dec'd Benjamin J. Lawlor
 Late Residence Albany, Caliente
 Age 41 years 9 months days.
 Cause of Death Consumption Heart Failure
 Certifying Physician Dr. C. Hallister
 Date of Death Sept 12
 Date of Burial "
 Funeral at House or Church.
 Place of Burial San Francisco Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel. feet. in. }
 { Width at Shoulder. }

OTHER MEMORANDA.

Native Sacramento Cal

PAYMENTS.

Number of Funeral 406
 Number for the Current Year 38

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, Oct 6 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 2</u>		
<u>5.6</u>		<u>45</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>60</u>	
Amount brought over from preceding page	<u>2384 75</u>	
Amount carried over to next page	<u>2444 75</u>	

Name of Dec'd Munie de Bernardi
 Late Residence Southern
 Age 30 years 7 months days.
 Cause of Death Indigestion Dyspepsia
 Certifying Physician Dr. Malis
 Date of Death Oct-6
 Date of Burial 7
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription

on Plate.

Measurement { Length to Heel feet in.
 Width at Shoulder }

OTHER MEMORANDA.

Antioch Italy

PAYMENTS.

Paul

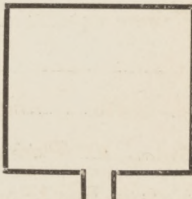
Number of Funeral 407Number for the Current Year 39

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 6th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>6.0 #1</u>		<u>15</u>
<u>box</u>		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>15</u>	
Amount brought over from preceding page	<u>2444</u>	<u>75</u>
Amount carried over to next page	<u>2459</u>	<u>75</u>

Name of Dec'd Griffen Kennedy
 Late Residence 20 W. Ellen (Hwy)
 Age 28 years 4 months 6 days
 Cause of Death Gen. Exhaustion Epileptic
 Certifying Physician A. S. Osborne
 Date of Death Nov Oct 6
 Date of Burial " 8
 Funeral at House or _____ Church.
 Place of Burial Home Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Scotland Co
Missouri

PAYMENTS.

By Cash
"Paid in full" 05

Number of Funeral 408Number for the Current Year 40Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 26 5 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

#2
5. 6

40

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

10

Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Myrtle M. MannLate Residence St. LouisAge 21 years 1 months 5 days.Cause of Death ConsumptionCertifying Physician C. HalliseyDate of Death Oct 24 3Date of Burial " 26

Funeral at House or.....


Church.....

Place of Burial Mountain

Cemetery.....

Grave or Lot No.

Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Interment Illinois

PAYMENTS.

Dec 19	By Cash	2.10
19	" " Mrs. Kruger	2.00
	Paid in full	

55

2459

2504

75

75

Number of Funeral 410Number for the Current Year 42Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 13th 1893

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

215 x 9 X

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Permit

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Marie LominboLate Residence Madame Sonoma CoAge 49 years 7 months 8 daysCause of Death Bright's Disease - NephritisCertifying Physician C. HalliserDate of Death Nov 13thDate of Burial " 14Funeral at House or Cath Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

Native France

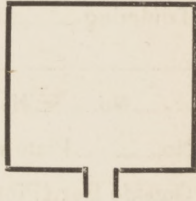
PAYMENTS.

Paid812504 752585 75

Number of Funeral 411Number for the Current Year 43

Be careful to enter name of deceased and number of page in index for future reference.

Date, Dec 4th 1893

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <u>Ruth Johnson</u>
Bill Rendered to.....			Late Residence <u>Longwood</u>
When Rendered.....			Age..... years..... months..... days.
Door Crape.....			Cause of Death <u>Pneumonia</u>
Draperies.....			Certifying Physician <u>Luke Robinson</u>
Candelabra and..... Candles.....			Date of Death <u>Dec 3^d</u>
Washing and Laying out Remains, Shaving.....			Date of Burial <u>" 5</u>
Preservation of Remains.....			Funeral at House or..... Church.
Casket.....			Place of Burial <u>Oakland</u> Cemetery.
Trimming.....			Grave or Lot No..... Section No.....
No..... Handles.....			Location of Grave 
No..... Plate engraved.....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. }
Outside Box (Pine, Chestnut, Oak, Cedar).....			Show position of monument by <input type="checkbox"/>
Plate..... Handles..... Corners on Box.....			Inscription {
No..... Robe.....			on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs..... Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....		<u>5</u>	
Hearse <u>VB</u>		<u>20</u>	
Carriages to.....			
Transportation Expenses, &c. <u>VB</u>			
SUNDRY ITEMS.			PAYMENTS.
Amount of Bill.....		<u>25</u>	<u>Paid</u>
Amount brought over from preceding page.....		<u>2585 75</u>	
Amount carried over to next page.....		<u>2610 75</u>	

Number of Funeral 412Number for the Current Year 44Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 15 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 26 years 8 months days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel _____ feet _____ in. }
{ Width at Shoulder _____ }

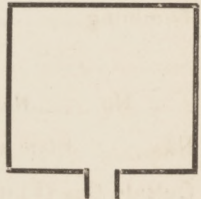
OTHER MEMORANDA.

PAYMENTS.

Number of Funeral 413Number for the Current Year 45Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 17th 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		2 50
Hearse.....		10
Carriages to.....		
<u>Permit</u>		6
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		18 50
Amount brought over from preceding page.....		26 23
Amount carried over to next page.....		26 41 75

Name of Dec'd Engenie M. Loomis
 Late Residence Madison
 Age 25 years 3 months days.
 Cause of Death Phthisis
 Certifying Physician C. Hallis
 Date of Death Dec 14th
 Date of Burial " 17th
 Funeral at House or Club Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paul

Number of Funeral 414Number for the Current Year 46Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 18 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Chin "C"

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 16 years 6 months 23 days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in.
{ Width at Shoulder }

OTHER MEMORANDA.


PAYMENTS.

Date, Dec 18 1893

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... # 22 2 - 3		18
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		2
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		20
Amount brought over from preceding page.....		2655 75
Amount carried over to next page.....		2675 75

Name of Dec'd Hedrick Breitenbach
Late Residence Loroune
Age 0 years 5 months 8 days
Cause of Death Intestinal Fever
Certifying Physician C Hallisey
Date of Death Dec 18th
Date of Burial " 20
Funeral at House or _____ Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by  }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

OTHER MEMORANDA.

Native Santa Rosa

PAYMENTS.

Paul

Number of Funeral 416Number for the Current Year 47

Be careful to enter name of deceased and number of page in index for future reference.

Date, Dec 30 3 1893

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to _____
 When Rendered _____
 Door Crape _____
 Draperies _____
 Candelabra and _____ Candles _____
 Washing and Laying out Remains, Shaving _____
 Preservation of Remains _____
 Casket 5-9
#19
 Trimming _____
 No. _____ Handles, _____
 No. _____ Plate engraved _____
 Outside Box (Pine, Chestnut, Oak, Cedar) _____
 _____ Plate _____ Handles _____ Corners on Box _____
 No. _____ Robe _____
 Use of _____ Doz. Chairs _____
 _____ Doz. Pall Bearer or Funeral Notices and serving _____
 Advertising _____
 _____ Prs. _____ Gloves for _____
 _____ Linen Scarfs for _____
 Arm Crape _____ Badges _____ Silk Caps _____
 Flowers _____
 Cemetery Charges _____
 Personal Attendance _____ Porters and Help _____
 Hearse _____
 _____ Carriages to _____
Home
 Transportation Expenses, &c. _____

SUNDRY ITEMS.


Amount of Bill _____
 Amount brought over from preceding page _____
 Amount carried over to next page _____

Name of Dec'd Lucy BurLate Residence KenwoodAge 76 years 13 months _____ days.Cause of Death ParalysisCertifying Physician Dr. SmithDate of Death Dec 30Date of Burial " 31

Funeral at House or _____ Church.

Place of Burial Valley Cemetery.

Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

Native Abolitionist

PAYMENTS.

Paul

2762.25
62.25
2700.
Paul

86 50
2675 75
2762 25

Number of Funeral 417

Number for the Current Year 1

Be careful to enter name of deceased and number of page in index for future reference.

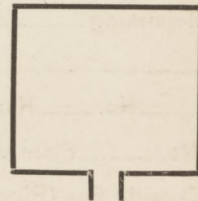
Date, July 7th 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>#1</u> <u>2.0 with box</u>		<u>1.0</u>
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles.....Corners on Box.....		
No. Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>1.0</u>	
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Miss Child S. A. Gress
 Late Residence Louise
 Age 31 years 7 months 19 days.
 Cause of Death Still born
 Certifying Physician H. H. Davis
 Date of Death July 7
 Date of Burial " 7
 Funeral at House or.....Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }



Inscription {
on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 418Number for the Current Year 2Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 13 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.


USE A PRIVATE MARK.

Bill Rendered to.....
 When Rendered.....
 Door Crape.....
 Draperies.....
 Candelabra and.....Candles.....
 Washing and Laying out Remains, Shaving.....
 Preservation of Remains.....
 Casket.....# 19
6.00
 Trimming.....
 No.....Handles.....
 No.....Plate engraved.....
 Outside Box (Pine, Chestnut, Oak, Cedar).....
 Plate.....Handles.....Corners on Box.....
 No.....Robe.....
 Use of.....Doz. Chairs.....
 Doz. Pall Bearer or Funeral Notices and serving.....
 Advertising.....
 Prs.....Gloves for.....
 Linen Scarfs for.....
 Arm Crape.....Badges.....Silk Caps.....
 Flowers.....
 Cemetery Charges.....
 Personal Attendance.....Porters and Help.....
 Hearse.....
 Carriages to.....
 Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....
 Amount brought over from preceding page.....
 Amount carried over to next page.....

Name of Dec'd Robert Kiser
 Late Residence St Louis Embarcadere
 Age 44 years.....months.....days.....
 Cause of Death Pneumonia
 Certifying Physician Carl Hallise
 Date of Death July 12
 Date of Burial 13
 Funeral at House or Catholic Church.....
 Place of Burial.....Cemetery.....
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Less Lic
By Cash
Paul
80


Number of Funeral 419Number for the Current Year 3

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 3d 1894

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to <u>Home F. M.</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>5.6 "C"</u>		<u>10</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>4</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
<u>Telegram</u>		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>14</u>	
Amount brought over from preceding page	<u>90</u>	
Amount carried over to next page	<u>104</u>	

Name of Dec'd Eva Alice Leach
 Late Residence Home F. M. Minded
 Age 20 years 5 months 16 days.
 Cause of Death Phthisis Pulmonalis
 Certifying Physician A. E. Osborne
 Date of Death Feb 3d
 Date of Burial " 4
 Funeral at House or _____ Church.
 Place of Burial Home F. M. Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel. _____ feet. _____ in. }
 { Width at Shoulder. _____ }

OTHER MEMORANDA.

Home F. M. Co.
San Louis Obispo Co.

PAYMENTS.

Paid

Number of Funeral 420Number for the Current Year 4Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 12 18

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

4.5
12. Lilac & box

20

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

10

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

28.50

Amount brought over from preceding page

10.4

Amount carried over to next page

132.50

Name of Dec'd

Elmer Hall

Late Residence

Blow Elm

Age

4

years

months

days

Cause of Death

Membranous Caecum

Certifying Physician

W. P. Davis

Date of Death

Feb 10

Date of Burial

" 12

Funeral at House or

Church

Place of Burial

Mountain

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

Patwily Iowa.less 2.50

PAYMENTS.

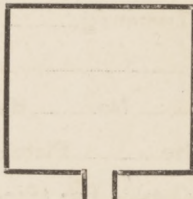
1898		
Janet Receipt	1875	
Mon 11 Cost	1375	
Paid	1375	
	2750	

Number of Funeral 421

Number for the Current Year 5

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 26 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
USE A PRIVATE MARK.			
Bill Rendered to.....			Name of Dec'd <u>Jacob Simon</u>
When Rendered.....			Late Residence <u>Sonoma</u>
Door Crape.....			Age <u>57</u> years <u>—</u> months <u>—</u> days.
Draperies.....			Cause of Death <u>Bright's Disease Heart Failure</u>
Candelabra and.....Candles.....			Certifying Physician <u>C. Hallisen</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>Feb 26</u>
Preservation of Remains.....			Date of Burial <u>" 28</u>
Casket <u># 2.</u>		<u>40</u>	Funeral at House or.....Church.
			Place of Burial <u>Mountain</u> Cemetery.
			Grave or Lot No.....Section No.....
Trimming.....			Location of Grave 
No.....Handles.....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
No.....Plate engraved.....			
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>	Inscription {
Plate.....Handles.....Corners on Box.....			on Plate. {
No.....Robe.....			
Use of.....Doz. Chairs.....			Measurement, { Length to Heel.....feet.....in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			
Prs.....Gloves for.....			OTHER MEMORANDA.
Linen Scarfs for.....			<u>Native Germany</u>
Arm Crape.....Badges.....Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance.....Porters and Help.....		<u>10</u>	
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			PAYMENTS.
<u>Permit-</u>		<u>6</u>	<u>By Cash</u>
<u>Funeral Notices</u>		<u>3</u>	<u>50</u>
<u>Home</u>		<u>10</u>	
Amount of Bill.....	<u>84</u>		
Amount brought over from preceding page.....	<u>132</u>	<u>50</u>	
Amount carried over to next page.....	<u>216</u>	<u>50</u>	

Number of Funeral 422Number for the Current Year 6

Be careful to enter name of deceased and number of page in index for future reference.

Date, May 9 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age

years

months

days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

By Cash

20

50

216 50

216 50

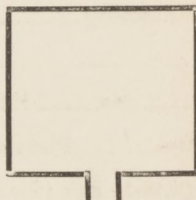
Number of Funeral 424
 Number for the Current Year 8

Be careful to enter name of
 deceased and number of page
 in index for future reference.

Date, March 26 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 070</u>		<u>115</u>
<u>6, 0</u>		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		<u>250</u>
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges <u>Cly</u>		<u>50</u>
Personal Attendance Porters and Help		<u>15</u>
Hearse		
Carriages to		
<u>Permit</u>		<u>1</u>
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>104</u>	
Amount brought over from preceding page	<u>296</u>	<u>50</u>
Amount carried over to next page	<u>400</u>	<u>50</u>

Name of Dec'd Chas H Engelbert
 Late Residence Summit
 Age 36 years 0 months 0 days.
 Cause of Death Enlargement of Heart
 Certifying Physician Corson & Smith Co.
 Date of Death March 24
 Date of Burial " 26
 Funeral at House or — Church.
 Place of Burial Summit Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription
 on Plate.

Measurement { Length to Heel — feet — in. }
 { Width at Shoulder — }
 OTHER MEMORANDA.

Native Germany

PAYMENTS.

By <u>Office</u>	<u>30</u>
<u>Paid</u>	

Number of Funeral 427Number for the Current Year 11

Be careful to enter name of deceased and number of page in index for future reference.

Date, Apr 4th 1894

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

5.0 Complete25

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

25

Amount brought over from preceding page

488

Amount carried over to next page

513

Name of Dec'd

Eddie Dodge

Late Residence

Home

Age

23

years

6

months

18

days

Cause of Death

La Grippe Consumption

Certifying Physician

Dr. E. Osborn

Date of Death

Apr 3

Date of Burial

" 4

Funeral at House or

Home

Church

Place of Burial

Home

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
designate this one with a double Cross †.
Show position of monument by □

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

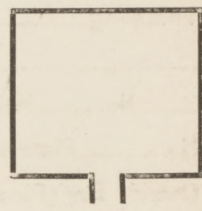
OTHER MEMORANDA.

PAYMENTS.

Paul

Number of Funeral 428Number for the Current Year 12Be careful to enter name of
deceased and number of page
in index for future reference.Date, Apr 51894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>#1</u> <u>Spel</u>		<u>25</u>
Trimming		
No. Handles		
No. Plate engraved		<u>3</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10</u>
Carriages to		
<u>Permit</u> <u>Candles</u>		<u>1</u>
Transportation Expenses, &c.		<u>25</u>

Name of Dec'd Margaret FelscholdtLate Residence BrownAge 70 years — months — days.Cause of Death Brown PneumoniaCertifying Physician W. H. SullivanDate of Death Apr 3Date of Burial " 7Funeral at House or Club Church.Place of Burial Mountain Cemetery.Grave or Lot No. — Section No. —Location of Grave 

{ Draw lines | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, { Length to Heel — feet — in. }
{ Width at Shoulder — }
27

OTHER MEMORANDA.

PAYMENTS.

SUNDRY ITEMS.

Amount of Bill 41 25Amount brought over from preceding page 513Amount carried over to next page 554 25

Number of Funeral 429Number for the Current Year 13


Be careful to enter name of deceased and number of page in index for future reference.

Date, Apr 18 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>17</u> <u>6.3</u> <u>Spinel</u>		<u>60</u>
Trimming		
No. Handles		
No. Plate engraved		<u>5</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>10</u>
Hearse		
Carriages to		
Transportation Expenses, &c.		

USE A PRIVATE MARK.

Name of Dec'd Regina Kiebli
 Late Residence Sonoma
 Age 54 years 9 months days
 Cause of Death Heart Disease
 Certifying Physician G. Hallinan
 Date of Death Apr 17
 Date of Burial " 19
 Funeral at House or Church.
 Place of Burial Cath Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }
 Show position of monument by □

Inscription {
 on Plate. }

Measurement { Length to Heel feet in. }
 { Width at Shoulder }
 OTHER MEMORANDA.
Native Portland

PAYMENTS.

Paid in full

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Number of Funeral 430Number for the Current Year 14Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 5th 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

#1. 6.

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd.....

Late Residence.....

Age 64 years months days.

Cause of Death.....

Certifying Physician.....

Date of Death.....


Date of Burial.....

Funeral at House or.....

Place of Burial.....

Grave or Lot No.....

Section No.....

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native Germany.

PAYMENTS.

Paid

20

629 25

649 25

Number of Funeral 431Number for the Current Year 15

Be careful to enter name of deceased and number of page in index for future reference.

Date, May 12th 1894

Items of Bill, (cross out items not furnished.)	Cost.		Charged.
	USE A PRIVATE MARK.		
Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket			
Trimming			
No. Handles			
No. Plate engraved			
Outside Box (Pine, Chestnut, Oak, Cedar)			
Plate Handles Corners on Box			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse <u>Attendant</u>			12 50
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill	12	50	
Amount brought over from preceding page	649	25	
Amount carried over to next page	661	75	

Name of Dec'd Margaret HilbertLate Residence San FranciscoAge 29 years months days.Cause of Death Inflammation of HeartCertifying Physician May 10thDate of Death May 12Date of Burial May 12Funeral at House or Cath

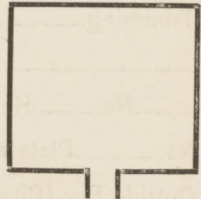
Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

{ Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel feet in. }

Width at Shoulder }

OTHER MEMORANDA.

Antonia Louisa

PAYMENTS.

Number of Funeral 432Number for the Current Year 16Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 16 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to Home

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket with box

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Isabella KellyLate Residence Home F. M.Age 36 years 2 months 1 days.Cause of Death Change of Life and ExhaustionCertifying Physician A. E. OsborneDate of Death May 16Date of Burial 18

Funeral at House or

Church.

Place of Burial Home

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

Native San FranciscoBill June 27

PAYMENTS.

Number of Funeral 434Number for the Current Year 18Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 29 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar) Semico

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse Lead Wayne

Carriages to

Bying By & C for
El Perano

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Jonathan HoagLate Residence SomervilleAge 81 years 2 months — days.

Cause of Death

Certifying Physician H. H. DavisDate of Death May 29Date of Burial June 31

Funeral at House or

Place of Burial Sanville

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel — feet — in. }
{ Width at Shoulder — }
OTHER MEMORANDA.
Positive New Hampshire

PAYMENTS.

Number of Funeral 435

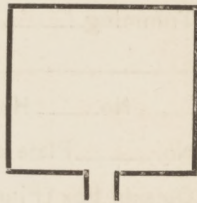
Number for the Current Year 19

Be careful to enter name of deceased and number of page in index for future reference.

Date, June 11th 1894

Items of Bill, (cross out items not furnished.)	Cost.		Charged.
	USE A PRIVATE MARK.		
Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket <u>2. 3.</u>			<u>12</u>
Trimming			
No. Handles			
No. Plate engraved			<u>3</u>
Outside Box (Pine, Chestnut, Oak, Cedar)			
Plate Handles Corners on Box			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse			
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill			<u>15</u>
Amount brought over from preceding page			<u>725 25</u>
Amount carried over to next page			<u>740 25</u>

Name of Dec'd Peter Homer
 Late Residence Elm Ellen
 Age 2 years 2 months — days.
 Cause of Death —
 Certifying Physician —
 Date of Death June 11
 Date of Burial " 13
 Funeral at House or — Church.
 Place of Burial — Cemetery.
 Grave or Lot No. — Section No. —

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel — feet — in.
 { Width at Shoulder — }

OTHER MEMORANDA.

PAYMENTS.

Paul

Number of Funeral 436Number for the Current Year 20Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 16 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

\$ 1
2. 010

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

3

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

2

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

15
740 25
755 25

Name of Dec'd

Late Residence

Age years 5 months 5 days

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Place of Burial

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
designate this one with a double Cross †.
Show position of monument by □

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Number of Funeral

437

Number for the Current Year

21

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,

June 21 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket 5-6		10
Chin		
Trimming		
No. Handles		
No. Plate engraved		4
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		250
SUNDRY ITEMS.		
Amount of Bill	16	50
Amount brought over from preceding page	755	25
Amount carried over to next page	771	75

Name of Dec'd

Mary E. Leary

Late Residence

Hope Bible School

Age

13

years

5

months

27

days

Cause of Death

Croup

Certifying Physician

A. E. Osborne

Date of Death

June 20

Date of Burial

" 22

Funeral at House or

San Francisco

Church

Place of Burial

San Francisco

Cemetery

Grave or Lot No.

Section No.

Location of Grave

Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □

Inscription

on Plate.

Measurement

Length to Heel feet in.
Width at Shoulder

OTHER MEMORANDA.

Interment San Francisco

PAYMENTS.

Bill June 27

Number of Funeral 438Number for the Current Year 22

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 1 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 195.665

Trimming

No. Handles

No. Plate engraved

5
5

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

10

Carriages to

Permit1

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

86

Amount brought over from preceding page

771 75

Amount carried over to next page

857 75

Name of Dec'd

Marie Elizabeth Leiff

Late Residence

Somerville

Age

73

years

months

days

Cause of Death

Progressive Myelitis

Certifying Physician

Dr. L. D. Lipp

Date of Death

July 1

Date of Burial

" 3

Funeral at House or

Home

Church

Place of Burial

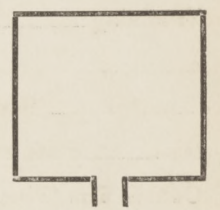
Mountain

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
designate this one with a double Cross †.
Show position of monument by □

Inscription

on Plate.

Measurement,

{ Length to Heel. feet in. }

{ Width at Shoulder. }

OTHER MEMORANDA.

Native Germany

PAYMENTS.

Paid

Number of Funeral

439

Number for the Current Year

23

Be careful to enter name of deceased and number of page in index for future reference.

Date

July 10⁵ 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket #2		
5.9.		42.50
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		10
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	57	50
Amount brought over from preceding page	857	75
Amount carried over to next page	915	25

Name of Dec'd Antonina Castagnasso
 Late Residence Summer
 Age 76 years months days.
 Cause of Death Natural Causes
 Certifying Physician Common
 Date of Death July 9⁸
 Date of Burial 10
 Funeral at House or Cath Church.
 Place of Burial Cemetery.
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by □

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

Natural Italy

PAYMENTS.

paid

Number of Funeral 440Number for the Current Year 24Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 31st 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

19

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Permit

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age 64 years months daysCause of Death Accidental

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

Native of Ireland

PAYMENTS.

1895

Jan 3rd PaidNov 9
Bill

101

915 25

1016 25

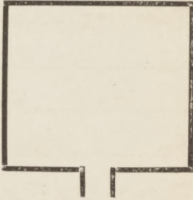
Number of Funeral 443Number for the Current Year 27

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 12 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u># 6.0.</u>		<u>5.70</u>
<u>+ 2</u>		
Trimming		
No. Handles		
No. Plate engraved		<u>5</u>
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		<u>1.0</u>
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill	<u>6.95</u>	
Amount brought over from preceding page	<u>11.17</u>	<u>25</u>
Amount carried over to next page	<u>118.2</u>	<u>25</u>

Name of Dec'd Isabel A. Bonelino
 Late Residence Southern
 Age 51 years 9 months 18 days.
 Cause of Death Consumption
 Certifying Physician Edw. Hallisey
 Date of Death Aug 11
 Date of Burial Aug 13
 Funeral at House or Church.
 Place of Burial Mountain Cemetery
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel feet in. }

Width at Shoulder }

OTHER MEMORANDA.

Native Germany

PAYMENTS.

paid

Number of Funeral 443Number for the Current Year 29

Be careful to enter name of deceased and number of page in index for future reference.

Date, Aug 26th 1894

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and..... Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket # 3.9# 2.2

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

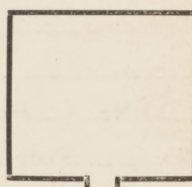
Amount carried over to next page.....

Name of Dec'd B. LoomisLate Residence SomervilleAge 63 years..... months..... days.....Cause of Death Cirrhosis LiverCertifying Physician R. R. DavisDate of Death Aug 26Date of Burial " 27

Funeral at House or..... Church.....

Place of Burial Mountain Cemetery.....

Grave or Lot No..... Section No.....

Location of Grave { Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †.
Show position of monument by □ }

Inscription {.....

on Plate. {.....

Measurement, { Length to Heel..... feet..... in. }

{ Width at Shoulder..... }

OTHER MEMORANDA.

Autioe J. Loomis

PAYMENTS.

By Cash5590/5/5
5/3/85
11-96 25
1280 25

Number of Funeral 446Number for the Current Year 30Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 17th 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

#1
6.6

14

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

4

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

4

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Change Exp 1.60
 Extra on Coffin 1.
 " No 2.50
 Telegram 30
 54.6

Amount of Bill

22

Amount brought over from preceding page

12.50 25

Amount carried over to next page

13.02 25

Name of Dec'd

Thos Hooper

Late Residence

Home 4. M.

Age 21 years 5 months 28 days

Cause of Death

Coma Dementia

Certifying Physician

A E Osborne

Date of Death

Sept 17th

Date of Burial

" 18

Funeral at House or

Church

Place of Burial

Home

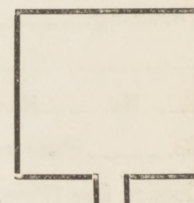
Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription

on Plate.

Measurement

{ Length to Heel feet in.
 { Width at Shoulder }

OTHER MEMORANDA.

Halvick Stewartville Cal

PAYMENTS.

Bill
 Nov 93

Number of Funeral 447Number for the Current Year 31Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 18 1894

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to Home

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

o. b.10

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Frank R. RindonLate Residence Home F. M.Age 15 years 6 months 12 daysCause of Death EpilepsyCertifying Physician A. E. OsborneDate of Death Sept 18Date of Burial " 20

Funeral at House or

Church

Place of Burial

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel _____ feet _____ in. }
{ Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Number of Funeral

448

Number for the Current Year

32

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,

Sept 22

1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

David Prooster

Late Residence

San Francisco

Age

69

years

3

months

10

days

Cause of Death

Angina Pectoris

Certifying Physician

A. P. Perry

Date of Death

Sept 20

Date of Burial

" 22

Funeral at House or

Church

Place of Burial

Valley

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA

Native New York

PAYMENTS.

March 6, 1896

Paid

12 50

1376 25

1328 75

Number of Funeral 449Number for the Current Year 33

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 1 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket 3.04 1233

Trimming.....

No. Handles.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....


Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Louis Carlton GreenLate Residence ForwoodAge 8 years 8 months 36 days.Cause of Death Permeosis, ConvulsionsCertifying Physician C. HalliserDate of Death Sept 30Date of Burial Oct 1Funeral at House or Cath Church.

Place of Burial..... Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by □

Inscription {

on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native Forwood

PAYMENTS.

Paid401328 751368 75

Number of Funeral 450Number for the Current Year 34Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 30 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

4.6
1.10

Trimming

No. Handles,

No. Plate engraved

4

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

14
1368 75
1382 75

Name of Dec'd

Late Residence

Age 8 years 5 months 20 days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel _____ feet _____ in. }
{ Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Bill No 8

Number of Funeral 451Number for the Current Year 35Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct-1st 1894

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and..... Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

#19
5.9.

10

65

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5

..... Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

..... Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

..... Prs. Gloves for.....

..... Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

10

..... Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.

Permit - (Cash)

6

Amount of Bill.....

96

Amount brought over from preceding page.....

1382 75

Amount carried over to next page.....

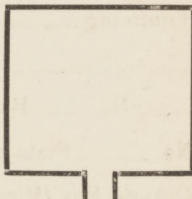
1478 75

Name of Dec'd Chas S PotterLate Residence ShellvilleAge 60 years 5 months 11 days.Cause of Death Cancer of BowelsCertifying Physician H H DavisDate of Death Oct-2dDate of Burial " 4

Funeral at House or Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, {

{ Length to Heel..... feet..... in. }

{ Width at Shoulder..... }

OTHER MEMORANDA.

Rev Brunswick

PAYMENTS.

Feb 22 1895
Paid

Number of Funeral 482Number for the Current Year 36Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 3 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Late Residence

Age years months days.

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House of

Church.

Place of Burial

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by □

Inscription

on Plate.

Measurement,

{ Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Number of Funeral 453Number for the Current Year 37

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 27 & 1894

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....# 226.070

Trimming.....

No.....Handles.....

No.....Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5

.....Plate.....Handles.....Corners on Box.....

No.....Robe.....

10

Use of.....Doz. Chairs.....

.....Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

.....Prs.....Gloves for.....

.....Linen Scarfs for.....

Arm Crape.....Badges.....Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance.....Porters and Help.....

Hearse.....

10

.....Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

95

Amount brought over from preceding page.....

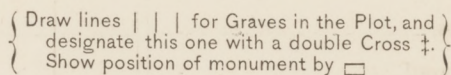
157375

Amount carried over to next page.....

160875Name of Dec'd Elizabeth KearneyLate Residence SomervilleAge 39 years.....months.....days.Cause of Death ErisiphalyCertifying Physician C. HalliseyDate of Death Oct 27Date of Burial " 29Funeral at House or Cath Church.

Place of Burial.....Cemetery.

Grave or Lot No.....Section No.....

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native Ireland

PAYMENTS.

Paid

Number of Funeral 434


Number for the Current Year 38

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 9 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <u>Cherry</u>		<u>15</u>
Trimming..... <u>59</u>		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>15</u>	
Amount brought over from preceding page.....	<u>1608 73</u>	
Amount carried over to next page.....	<u>1623 73</u>	

Name of Dec'd Samuel C. Cope
 Late Residence Common
 Age 46 years, _____ months, _____ days.
 Cause of Death Accidentally Killed by Cars
 Certifying Physician Wm. Witter Cope
 Date of Death Nov 9
 Date of Burial " 10
 Funeral at House or _____ Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }
 Show position of monument by ☐

Inscription {

on Plate. }

Measurement, {

Length to Heel _____ feet _____ in. }
 Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

<u>March 14 1895</u>
<u>Paid</u>
<u>1623.73</u>
<u>52.73</u>
<u>1571</u>

Number of Funeral 455Number for the Current Year 39

Be careful to enter name of deceased and number of page in index for future reference.

Date, Dec 5 1894

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket # 59 mky-box

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Harry K FaithfulLate Residence El VeranoAge 23 years months daysCause of Death Typhoid FeverCertifying Physician H H DavisDate of Death Dec 4Date of Burial 6Funeral at House or Cath ChurchPlace of Burial Mountain Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

Native Cal

PAYMENTS.

1898	By Cash	5
Sept 22	" "	20 00
1902		
Oct 25	Cash	15 -
		40 00

Number of Funeral

456

Number for the Current Year

40

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,

Dec 10 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket	6.3	22
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Permit		
Amount of Bill		
Amount brought over from preceding page		
Amount carried over to next page		

USE A PRIVATE MARK.

Name of Dec'd

Robt A. Shannet

Late Residence

Glen Allen

Age

27 years 5 months 15 days

Cause of Death

Certifying Physician

H. H. Davis

Date of Death

Dec 9

Date of Burial

" 11

Funeral at House or

Crem.

Church.

Place of Burial

Mountain

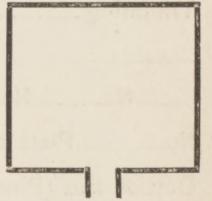
Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }



Inscription

on Plate.

Measurement,

{ Length to Heel. feet in. }
{ Width at Shoulder. }

OTHER MEMORANDA.

Native Sonoma Cal

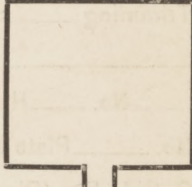
PAYMENTS.

Paid

Number of Funeral 457Number for the Current Year 41Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 18 1894

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>220</u>	<u>1</u>	<u>20 00</u>
Trimming.....		
No. Handles,.....		<u>5 -</u>
No. Plate engraved.....		<u>5 -</u>
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		<u>5 00</u>
SUNDRY ITEMS.		
Amount of Bill.....	<u>1</u>	<u>35 00</u>
Amount brought over from preceding page.....	<u>1</u>	<u>66 75</u>
Amount carried over to next page.....	<u>1</u>	<u>79 75</u>

Name of Dec'd Jennie Osgood Hyde
 Late Residence Conoma
 Age 71 years months days.
 Cause of Death Heart failure
 Certifying Physician Dr. Walsen
 Date of Death Dec 16
 Date of Burial.....
 Funeral at House or House Church.
 Place of Burial San Francisco Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 458

Number for the Current Year 42


Be careful to enter name of deceased and number of page in index for future reference.

State Cal

Date, Dec 16 1894

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>22 - 4: 6 - 1304</u>		<u>300</u>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>300</u>
Amount brought over from preceding page.....		<u>1798.75</u>
Amount carried over to next page.....		<u>1828.75</u>

Name of Dec'd Edith Henry
 Late Residence Home Beeble Minded
 Age.....years.....months.....days.
 Cause of Death.....
 Certifying Physician A. E. Osborne
 Date of Death.....
 Date of Burial.....
 Funeral at House or.....Church.
 Place of Burial.....Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by ☐



Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid Dec 21 1894

Number of Funeral 459Number for the Current Year 43Be careful to enter name of
deceased and number of page
in index for future reference.Date, 1 18

Items of Bill, (cross out items not furnished.)

Cost.
USE A PRIVATE MARK.

Charged.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket Coffin

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Miss Lina RossiLate Residence SonomaAge years 1 months 15 days 15

Cause of Death

Certifying Physician

Date of Death

Date of Burial

Funeral at House or Church

Place of Burial Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement, { Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Number of Funeral 46

Number for the Current Year 2

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 14 18

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
		USE A PRIVATE MARK.	
Bill Rendered to.....			
When Rendered.....			
Door Crape.....			
Draperies.....			
Candelabra and.....Candles.....			
Washing and Laying out Remains, Shaving.....			
Preservation of Remains.....			
Casket <i>Coffin</i>			<i>11 00</i>
Trimming.....			
No.....Handles.....			
No.....Plate engraved.....			
Outside Box (Pine, Chestnut, Oak, Cedar).....			
Plate.....Handles.....Corners on Box.....			
No.....Robe.....			
Use of.....Doz. Chairs.....			
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs.....Gloves for.....			
Linen Scarfs for.....			
Arm Crape.....Badges.....Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance.....Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....			<i>11 00</i>
Amount brought over from preceding page.....	<i>1</i>	<i>8</i>	<i>33 75</i>
Amount carried over to next page.....	<i>1</i>	<i>8</i>	<i>44 75</i>
Name of Dec'd <i>Mrs. Louis Nessi</i>			
Late Residence <i>Conome</i>			
Age.....years.....months.....days.....			
Cause of Death.....			
Certifying Physician.....			
Date of Death.....			
Date of Burial.....			
Funeral at House or.....Church.....			
Place of Burial.....Cemetery.....			
Grave or Lot No.....Section No.....			
Location of Grave.....			
{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }			
Inscription.....			
on Plate.....			
Measurement.....			
{ Length to Heel.....feet.....in. }			
{ Width at Shoulder..... }			
OTHER MEMORANDA.			
PAYMENTS.			
<i>Paid</i>			

Number of Funeral 469Number for the Current Year 3Be careful to enter name of
deceased and number of page
in index for future reference.Date, Jan 20 1895

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Hospital10

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

4

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd

Richard Hall

Late Residence

Home Peckle Minded

Age

17

years

months

days

Cause of Death

Consumption of Lung

Certifying Physician

H E Osburne

Date of Death

19 Jan1895

Date of Burial

20

Funeral at House or

Church

Place of Burial

Home

Cemetery

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

1895
Jan 20
Jan 20

Number of Funeral 4634Number for the Current Year 5Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 9 18 95

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Coffin Hospital10

Trimming.....

No.....Handles.....

5

No.....Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

.....Plate.....Handles.....Corners on Box.....

No.....Robe.....

Use of.....Doz. Chairs.....

.....Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

.....Prs.....Gloves for.....

.....Linen Scarfs for.....

Arm Crape.....Badges.....Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance.....Porters and Help.....

Hearse.....

.....Carriages to.....

ExpressTransportation Expenses, &c. 6 Express5.80

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Henry A HubbackLate Residence OldbridgeAge 19 years.....months 14 days.

Cause of Death.....

Certifying Physician.....

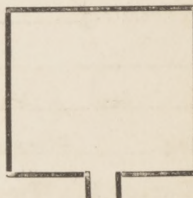
Date of Death 8 Feb

Date of Burial.....

Funeral at House or.....Church.

Place of Burial.....Cemetery.

Grave or Lot No.....Section No.....

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

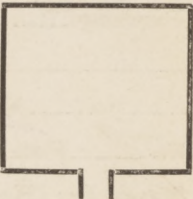
PAYMENTS.

1895
Oct 14Paid

Number of Funeral 4165

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 6Date, Feb 12 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd
	USE A PRIVATE MARK.		
Bill Rendered to			<u>Henry Peter</u>
When Rendered			Late Residence <u>Sonoma</u>
Door Crape			Age _____ years _____ months _____ days.
Draperies			Cause of Death _____
Candelabra and _____ Candles			Certifying Physician <u>D. Davis</u>
Washing and Laying out Remains, Shaving			Date of Death _____
Preservation of Remains			Date of Burial <u>Feb 12</u>
Casket <u>19.59</u>		<u>40</u>	Funeral at House or <u>House</u> Church.
			Place of Burial <u>Mountain</u> Cemetery.
			Grave or Lot No. _____ Section No. _____
Trimming			Location of Grave 
No. _____ Handles,			{ Draw lines for Graves in the Plot, and } designate this one with a double Cross †. Show position of monument by <input type="checkbox"/>
No. _____ Plate engraved			
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>	Inscription {
Plate _____ Handles _____ Corners on Box.			on Plate. {
No. _____ Robe			Measurement, { Length to Heel _____ feet _____ in. } { Width at Shoulder _____ }
Use of _____ Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			OTHER MEMORANDA.
Advertising			
Prs. _____ Gloves for			
Linen Scarfs for			
Arm Crape _____ Badges _____ Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance _____ Porters and Help		<u>10 02</u>	
Hearse			
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill		<u>55</u>	
Amount brought over from preceding page	<u>1</u>	<u>8</u>	<u>96 55</u>
Amount carried over to next page	<u>1</u>	<u>9</u>	<u>51 55</u>

PAYMENTS.

Paid

Number of Funeral 466Number for the Current Year 7Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 15 1895

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

..... Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

..... Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

..... Prs. Gloves for.....

..... Linen Scarfs for.....

Arm Crape..... Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

..... Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.


Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Emil H. PauliLate Residence San FranciscoAge 29 years 3 months days.Cause of Death Phthisis PulmonalisCertifying Physician A. P. O'BrienDate of Death Feb 12 1895Date of Burial Feb 15Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +. }

{ Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, {

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Feb 18Payment
Pauli

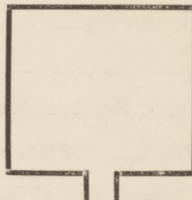
Number of Funeral 467Number for the Current Year 8

Be careful to enter name of deceased and number of page in index for future reference.

Date, Feb 27 18 95

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
<u>Coffin Chest</u>		<u>10.00</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		<u>5</u>
SUNDRY ITEMS.		
Amount of Bill		<u>20.00</u>
Amount brought over from preceding page	<u>19</u>	<u>52.00</u>
Amount carried over to next page		

Name of Dec'd Palmer Milani
 Late Residence San Francisco
 Age _____ years _____ months _____ days.
 Cause of Death Accidentally Killed
 Certifying Physician Dr. Bohm
 Date of Death Feb 26
 Date of Burial 27
 Funeral at House or _____ Church.
 Place of Burial San Francisco Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 Show position of monument by ☐

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 468
 Number for the Current Year 9

Be careful to enter name of deceased and number of page in index for future reference.

Date, March 9 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>Dr C C Burne</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>Coffin</u>		<u>10 00</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>4 00</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		

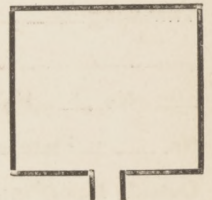
SUNDRY ITEMS.

Amount of Bill
 Amount brought over from preceding page
 Amount carried over to next page

Name of Dec'd Gottlieb Deiss
 Late Residence Home Peabody road
 Age _____ years _____ months _____ days.
 Cause of Death _____
 Certifying Physician _____
 Date of Death _____
 Date of Burial _____
 Funeral at House or _____ Church.
 Place of Burial _____ Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }



Inscription
 on Plate.

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

April 9 1895
Paris

1	9	52	00
1	9	66	00


Number of Funeral 469Number for the Current Year 10

Be careful to enter name of deceased and number of page in index for future reference.

Date, March 11 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs..... Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		3
SUNDRY ITEMS.		
Amount of Bill.....		13 00
Amount brought over from preceding page.....	1 9	6 6 00
Amount carried over to next page.....	1 9	7 9 -

Name of Dec'd Emeralda E Campbell
 Late Residence Sonoma
 Age 37 years 3 months days.
 Cause of Death Laprotomy
 Certifying Physician W. W. Wampler
 Date of Death March 9 1895
 Date of Burial " 11 "
 Funeral at House or House Church.
 Place of Burial Sonoma mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.


PAYMENTS.

Paid

Number of Funeral 470Number for the Current Year 11Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 16 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>2</u> <u>5-9</u>		<u>35 00</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5 00</u>
.....Plate.....Handles.....Corners on Box.....		
No. Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		<u>10 00</u>
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>50 00</u>
Amount brought over from preceding page.....	<u>1</u> <u>9</u>	<u>79 00</u>
Amount carried over to next page.....	<u>2</u> <u>0</u>	<u>29 00</u>

Name of Dec'd Filippo Pozzaglia
 Late Residence Sonoma
 Age 69 years months days.
 Cause of Death Consumption
 Certifying Physician H H Davis
 Date of Death March 16 1895
 Date of Burial 17 "
 Funeral at House or Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Aug 2630 00
20 -30 -

Date, Mar 2 18 1895

Number for the Current Year 12

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		50 00
Casket.....		
Trimming.....		
No..... Handles,.....		
No..... Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
.....Plate..... Handles..... Corners on Box.....		
No..... Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs..... Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10 00
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		65 00
Amount brought over from preceding page.....	20	29 00
Amount carried over to next page.....		

Name of Dec'd John Jock
Late Residence El Varano
Age 77 years _____ months _____ days
Cause of Death Pneumonia
Certifying Physician Carl Walliser
Date of Death March 18 1895
Date of Burial " 19 "
Funeral at House or House Church _____
Place of Burial Catholic Cemetery _____
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement.

Length to Heel.....feet.....in.
Width at Shoulder.....

OTHER MEMORANDA.


PAYMENTS.

[illegible]

Number of Funeral 472Number for the Current Year 103Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 20 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>19</u>		<u>55.00</u>
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5.00</u>
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<u>10.00</u>
..... Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		<u>70.00</u>
Amount brought over from preceding page.....	<u>20</u>	<u>29.00</u>
Amount carried over to next page.....	<u>20</u>	<u>99.00</u>

Name of Dec'd George Washington W. Ginter
 Late Residence Old Manor
 Age 59 years months days.
 Cause of Death Dysentery
 Certifying Physician H. H. Davis
 Date of Death March 19th 1895
 Date of Burial 20
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 473Number for the Current Year 14Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 29 1895Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to _____
 When Rendered _____
 Door Crape _____
 Draperies _____
 Candelabra and _____ Candles _____
 Washing and Laying out Remains, Shaving _____
 Preservation of Remains _____
 Casket _____
 Trimming _____
 No. _____ Handles, _____
 No. _____ Plate engraved _____
 Outside Box (Pine, Chestnut, Oak, Cedar) _____
 Plate _____ Handles _____ Corners on Box _____
 No. _____ Robe _____
 Use of _____ Doz. Chairs _____
 Doz. Pall Bearer or Funeral Notices and serving _____
 Advertising _____
 Prs. _____ Gloves for _____
 Linen Scarfs for _____
 Arm Crape _____ Badges _____ Silk Caps _____
 Flowers _____
 Cemetery Charges _____
 Personal Attendance _____ Porters and Help _____
 Hearse _____
 Carriages to _____
 Transportation Expenses, &c. _____


SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Harmon Blackman
 Late Residence San Francisco
 Age 59 years _____ months _____ days
 Cause of Death Epilepsy
 Certifying Physician E. S. Farnmore
 Date of Death March 27 1895
 Date of Burial 29
 Funeral at House or _____ Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.


PAYMENTS.

Paid

Number of Funeral 474Number for the Current Year 15Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 30 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>/</u>		<u>10 00</u>
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs. Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		<u>1 00 00</u>
Amount brought over from preceding page.....	<u>2</u>	<u>1 09 00</u>
Amount carried over to next page.....	<u>2</u>	<u>1 19 00</u>

Name of Dec'd Geo Johnson
 Late Residence Somerset
 Age..... years 9 months..... days.
 Cause of Death Brain tumor & pneumonia
 Certifying Physician Carl Walliser
 Date of Death March 29 1895
 Date of Burial 30
 Funeral at House or House Church.
 Place of Burial Somerset Cemetery
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

July 25 1895
Paid


Number of Funeral 475

Be careful to enter name of deceased and number of page in index for future reference.

Number for the Current Year 16Date, April 4 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse <u>attendance</u>		25 00
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		25 -
Amount brought over from preceding page	2 1	19 00
Amount carried over to next page	2 1	44 00

Name of Dec'd Isabella B. Friebe
 Late Residence Valley
 Age 58 years 2 months 16 days.
 Cause of Death Apoplexy
 Certifying Physician J. Talley
 Date of Death April 2
 Date of Burial April 4 1895
 Funeral at House or _____ Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.


PAYMENTS.

April 2 1896
Paid

Number of Funeral 476Number for the Current Year 17Be careful to enter name of
deceased and number of page
in index for future reference.Date, April 13 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <u>Dr Davis</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket <u>2.3</u>		
<u>No 59</u>		<u>35.00</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		<u>35.00</u>
Amount brought over from preceding page	<u>2</u>	<u>1 44.00</u>
Amount carried over to next page	<u>2</u>	<u>1 79.00</u>

Name of Dec'd _____
 Late Residence Donora
 Age _____ years _____ months 3 days.
 Cause of Death _____
 Certifying Physician Dr Davis
 Date of Death 13
 Date of Burial 14
 Funeral at House or Home Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 177Number for the Current Year 18

Be careful to enter name of deceased and number of page in index for future reference.

Date, April 17 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i>19</i> <i>6</i>		<i>55.00</i>
Trimming.....		
No.....Handles,.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5.00</i>
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<i>10.00</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>70.00</i>
Amount brought over from preceding page.....	<i>21</i>	<i>79.00</i>
Amount carried over to next page.....	<i>22</i>	<i>49.00</i>

Name of Dec'd W. H. Tompkins

Late Residence Sonoma

Age 63 years months days.

Cause of Death: *Epiglottitis*

Certifying Physician D. Waller

Date of Death 16

Date of Burial 17

Funeral at House or House Church.

Place of Burial Valley Cemetery.

Grave or Lot No. 1 Section No. 1

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by }

Inscription

on Plate.

Measurement,

(Length to Heel.....feet.....in.)

(Width at Shoulder)

OTHER MEMORANDA.

Native New York

PAYMENTS.

Aug 10	Ry lost,	20	-
Sept 13	" "	20	-
Dec 10	" "	10	-
1896	" "	10	-
March 2	" "	10	-
May 1	Dis count	5	-
		5	-
	Paid		

Parcel

Amount of Bill.

Amount brought over from preceding page.

Amount carried over to next page.

Number of Funeral 498Number for the Current Year 19Be careful to enter name of
deceased and number of page
in index for future reference.Date, April 23 1895

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains EmbalmingCasket No 318 5-9Gene log

Trimming.....

No.....Handles.....

No.....Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate.....Handles.....Corners on Box.....

No.....Robe.....

Use of.....Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs.....Gloves for.....

Linen Scarfs for.....

Arm Crape.....Badges.....Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance.....Porters and Help.....

Hearse.....

Carriages to.....

.....

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Transportation Expenses, &c. 5 00

SUNDRY ITEMS.

Person

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
.....

.....

Name of Dec'd S. B. TompkinsLate Residence SonomaAge 78 years.....months.....days.Cause of Death Internal HemorrhageCertifying Physician WalliserDate of Death April 23 1895Date of Burial 24Funeral at House or Home Church.Place of Burial Parish Cemetery.

Grave or Lot No.

Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native West Virginia

PAYMENTS.

Paid Oct 24 1895

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....


Number of Funeral 499Number for the Current Year 20

Be careful to enter name of deceased and number of page in index for future reference.

Date, April 29 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>No 171 5-6 Coroner</u>	<u>1</u>	<u>25 00</u>
Trimming.....		
No..... Handles.....		
No..... Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5 00</u>
Plate..... Handles..... Corners on Box.....		
No..... Robe.....		<u>12 00</u>
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs..... Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<u>4 00</u>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....	<u>1</u>	<u>52 00</u>
Amount brought over from preceding page.....	<u>2</u>	<u>33 00</u>
Amount carried over to next page.....	<u>2</u>	<u>48 00</u>

Name of Dec'd Eleanor Freeborn
 Late Residence Sonoma
 Age 69 years months days.
 Cause of Death Apoplexy
 Certifying Physician Dr Davis
 Date of Death April 28 1895
 Date of Burial " 29 "
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines |, |, | for Graves in the Plot, and designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

May 11 1895
Paid

Number of Funeral 480

Number for the Current Year 21

Be careful to enter name of deceased and number of page in index for future reference.

Date, June 30 1895

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
Carriages to <u>Box</u>		5 00
Transportation Expenses, &c.....		

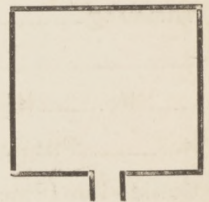
SUNDRY ITEMS.

Amount of Bill.....		15 00
Amount brought over from preceding page.....	2 4	85 00
Amount carried over to next page.....	2 5	00 00

Name of Dec'd Charles Spencer
Late Residence Napa
Age 39 years.....months.....days.
Cause of Death Epilepsy
Certifying Physician A. M. Hardner
Date of Death June 27 1895
Date of Burial 30
Funeral at House or Church Church.
Place of Burial Valley Cemetery.
Grave or Lot No.....Section No.....

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }
Show position of monument by ☐



Inscription {
on Plate. {

Measurement, { Length to Heel.....feet.....in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Jan 23 1896
Paid

Number of Funerals 481Number for the Current Year 22

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 27 1895

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and..... Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Coffin No 1 6-

Trimming.....

No. Handles.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Box

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd.....

Late Residence.....

Age 31 years..... months..... days.....

Cause of Death.....

Certifying Physician.....

Date of Death.....

Date of Burial.....

Funeral at House or.....

Place of Burial.....

Grave or Lot No.....

Section No.....

Location of Grave.....

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native Maryland

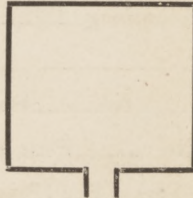
PAYMENTS.

July 5 1895PaidJuly 29 1895PaidAug 8Sept 9Paid

Date, July 2 1895

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
		USE A PRIVATE MARK.	
Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket		40	
Trimming			
No. Handles,			
No. Plate engraved			
Outside Box (Pine, Chestnut, Oak, Cedar)			
Plate Handles Corners on Box.			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse		10	
Carriages to		2	
Box			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill		52	
Amount brought over from preceding page	25	35	n
Amount carried over to next page	25	87	
Name of Dec'd			
Late Residence			
Age years months days.			
Cause of Death			
Certifying Physician			
Date of Death			
Date of Burial			
Funeral at House or Church.			
Place of Burial			
Grave or Lot No. Section No.			
Location of Grave			
{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }			
Inscription { on Plate. {			
Measurement, { Length to Heel feet in. } { Width at Shoulder }			
OTHER MEMORANDA.			
Native Sonoma			
PAYMENTS.			
Paid July 29 1895			
Cash			52
Amount of Bill			
Amount brought over from preceding page			
Amount carried over to next page			

Number of Funeral 482Number for the Current Year 24Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 8 1895

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <u>Leoma B Morris</u>
Bill Rendered to _____			Late Residence <u>Donoma</u>
When Rendered _____			Age <u>95</u> years _____ months _____ days.
Door Crape _____			Cause of Death _____
Draperies _____			Certifying Physician _____
Candelabra and _____ Candles _____			Date of Death <u>July 8 1895</u>
Washing and Laying out Remains, Shaving _____			Date of Burial _____
Preservation of Remains _____			Funeral at House or _____ Church.
Casket <u>Plate</u>		<u>85</u>	Place of Burial _____ Cemetery.
Trimming _____			Grave or Lot No. _____ Section No. _____
No. _____ Handles, _____			Location of Grave 
No. _____ Plate engraved _____			{ Draw lines for Graves in the Plot, and } { designate this one with a double Cross †. } { Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar) _____		<u>5</u>	Inscription { _____ on Plate. { _____
Plate _____ Handles _____ Corners on Box _____			Measurement, { Length to Heel _____ feet _____ in. } { Width at Shoulder _____ }
No. _____ Robe _____			OTHER MEMORANDA.
Use of _____ Doz. Chairs _____			
Doz. Pall Bearer or Funeral Notices and serving _____			
Advertising _____			
Prs. _____ Gloves for _____			
Linen Scarfs for _____			
Arm Crape _____ Badges _____ Silk Caps _____			
Flowers _____			
Cemetery Charges _____			
Personal Attendance _____ Porters and Help _____		<u>10</u>	
Hearse _____			
Carriages to _____			
Transportation Expenses, &c. _____		<u>5.00</u>	
SUNDRY ITEMS.			
Amount of Bill _____		<u>105.00</u>	
Amount brought over from preceding page <u>25</u>		<u>87.00</u>	
Amount carried over to next page <u>26</u>		<u>92.00</u>	

PAYMENTS.

Sept 10 25
His bill 80.00
105.00
Paid Sept 10 1901

Number of Funeral 484Number for the Current Year 25Be careful to enter name of
deceased and number of page
in index for future reference.Date, Aug 22 1895

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to County Danoma

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket

Trimming

No. Handles,

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

Plate Handles Corners on Box.

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

Name of Dec'd Lung YuenLate Residence ConforaAge 37 years months daysCause of Death SuicideCertifying Physician Aug 22 1895Date of Death Aug 22 1895Date of Burial Aug 24 "

Funeral at House or Church

Place of Burial Vally Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel feet in.
Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 485Number for the Current Year 26

Be careful to enter name of deceased and number of page in index for future reference.

Date, *Sept 7* 1895

[illegible]

Number of Funeral 487

Number for the Current Year 28

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 4 1890

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>coffin No 1 6 ft</i>		<i>25 00</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 00</i>
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		<i>10 00</i>
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>40 00</i>
Amount brought over from preceding page.....	<i>2 7</i>	<i>14 00</i>
Amount carried over to next page.....	<i>2 7</i>	<i>54 00</i>

Name of Dec'd *William B Lickert*
Late Residence *Donoma*
Age *81* years *03* months days.
Cause of Death *Old Age*
Certifying Physician *H H Davis*
Date of Death *Nov 4 1895*
Date of Burial *" 5 "*
Funeral at House or *House* Church.
Place of Burial *Mountain* Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in.
 { Width at Shoulder.....

OTHER MEMORANDA.

Place Bath New Jersey

PAYMENTS.

1896
May 16
Fred

Number of Funeral 489Number for the Current Year 30

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 25 1895

Items of Bill, (cross out items not furnished.) Cost. Charged.

USE A PRIVATE MARK.

Bill Rendered to J. H. Johnston

When Rendered

Door Crape

Draperies

Candelabra and Candles

Washing and Laying out Remains, Shaving

Preservation of Remains

Casket Coffin 1 1/225

Trimming

No. Handles

No. Plate engraved

Outside Box (Pine, Chestnut, Oak, Cedar)

5

Plate Handles Corners on Box

No. Robe

Use of Doz. Chairs

Doz. Pall Bearer or Funeral Notices and serving

Advertising

Prs. Gloves for

Linen Scarfs for

Arm Crape Badges Silk Caps

Flowers

Cemetery Charges

Personal Attendance Porters and Help

Hearse

Carriages to

70

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page

Amount carried over to next page

2	7	40
2	8	62
2	8	02

Name of Dec'd P. L. AndersonLate Residence SonomaAge 35 years months daysCause of Death Cumprison

Certifying Physician

Date of Death Nov 25 1895Date of Burial " 25 "

Funeral at House or Church

Place of Burial Valley Cemetery

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }

Show position of monument by □

Inscription

on Plate.

Measurement

{ Length to Heel feet in. }

{ Width at Shoulder }

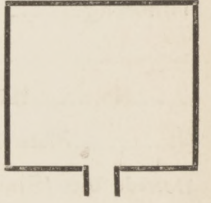
OTHER MEMORANDA.

PAYMENTS.

Paid

Number of Funeral 492Number for the Current Year 88Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 30 1895

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		
<u>County</u>		<u>15 00</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		<u>1.50</u>
Amount brought over from preceding page	<u>29</u>	<u>05 00</u>
Amount carried over to next page	<u>29</u>	<u>20 00</u>

Name of Dec'd John Dunn
 Late Residence Bonoma
 Age 74 years months days.
 Cause of Death Old age and Exposure
 Certifying Physician _____
 Date of Death Dec 25 1895
 Date of Burial 30
 Funeral at House or _____ Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____
 Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription
 on Plate.

Measurement, { Length to Heel. feet in. }
 { Width at Shoulder. }

OTHER MEMORANDA.

Native New York

PAYMENTS.

Paid

Number of Funeral *493*

Number for the Current Year 4

Be careful to enter name of deceased and number of page in index for future reference.

Date, Jan 13 1896

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
		USE A PRIVATE MARK.	
Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket 22 6 ft		65	
Trimming			
No. Handles			
No. Plate engraved		5	
Outside Box (Pine, Chestnut, Oak, Cedar)		5	
Plate Handles Corners on Box			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse		10	
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill		85	
Amount brought over from preceding page	2 9	20 00	
Amount carried over to next page	0 0	05 00	
Name of Dec'd J. H. P. (Barton)			
Late Residence Glen Ellen			
Age 62 years 13 months 13 days			
Cause of Death Asthma Heart Failure			
Certifying Physician H. H. Davis			
Date of Death Jan 12 1896			
Date of Burial " 14 "			
Funeral at House or House Church			
Place of Burial Mountain Cemetery			
Grave or Lot No.			
Section No.			
Location of Grave			
{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }			
Inscription			
on Plate.			
Measurement			
Length to Heel feet in.			
Width at Shoulder			
OTHER MEMORANDA.			
Native Germany			
PAYMENTS.			
1896 Jan 29 Paid			

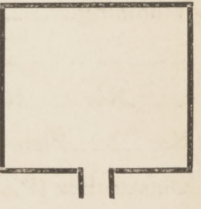
Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Feb 10* 18*96*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>Coffin 1. # 5' 3</i>		<i>15 00</i>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5</i>
Plate Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>20</i>
Amount brought over from preceding page.....	<i>0 0</i>	<i>00 06</i>
Amount carried over to next page.....	<i>0 0</i>	<i>25 00</i>

Name of Dec'd *Ch Fan*
 Late Residence *Bonoma*
 Age *38* years months days.
 Cause of Death *Flamery*
 Certifying Physician *Wallis*
 Date of Death *Feb 10 1896*
 Date of Burial.....
 Funeral at House or..... Church.
 Place of Burial *San Francisco* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native
Canton China

PAYMENTS.

<i>Paid</i>	<i>8 00</i>
<i>"</i>	<i>12 00</i>
	<i>20 00</i>

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

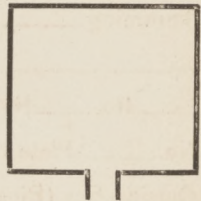
Date, *Feb 17* 18*96*

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>Casket Cloth No 100 6 feet</i>		<i>75 00</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 00</i>
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		<i>8 00</i>
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<i>10 00</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill..... <i>Dis cont</i>		<i>96 00</i>
Amount brought over from preceding page.....		<i>90 00</i>
Amount carried over to next page.....	<i>3 0</i>	<i>1 50</i>

Name of Dec'd *R B Lyon*
 Late Residence *Conover*
 Age *63* years.....months.....days.
 Cause of Death *Heart failure Disease*
 Certifying Physician *H H Davis*
 Date of Death *Feb 16 1896*
 Date of Burial.....
 Funeral at House or.....Church.
 Place of Burial.....Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. }
 Show position of monument by ☐



Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native Missouri

PAYMENTS.

Feb 17 1896
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *March 18* 18*96*

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket *Cloth No 100**75.00*

Trimming.....

No. Handles,.....

No. Plate engraved.....

5.00

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles..... Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

10.00

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

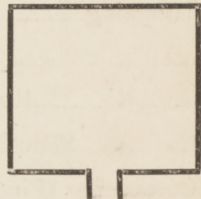
Amount brought over from preceding page.....

Amount carried over to next page.....

		<i>90.</i>	
<i>3</i>	<i>1</i>	<i>15</i>	<i>00</i>
<i>3</i>	<i>2</i>	<i>05</i>	<i>00</i>

Name of Dec'd *Phoebe Clark*Late Residence *Sonoma*Age *76* years..... months..... days.....Cause of Death *Senile Gangrene*Certifying Physician *H H Davis*Date of Death *March 18 1896*Date of Burial *19*Funeral at House or *House* Church.....Place of Burial *Valley* Cemetery.....

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

Native
England

PAYMENTS.

*March 24 1896**Paid*


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *April 22* 18*96*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>No 19th 5-9</i>		<i>65 00</i>
Trimming.....		
No..... Handles.....		
No..... Plate engraved.....		<i>5 00</i>
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 00</i>
..... Plate..... Handles..... Corners on Box.....		
No..... Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs..... Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<i>10 00</i>
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>85 00</i>
Amount brought over from preceding page.....	<i>83 2</i>	<i>05 00</i>
Amount carried over to next page.....	<i>02</i>	<i>91 00</i>

Name of Dec'd *Charles M. Harney*
 Late Residence *Sonoma*
 Age *69* years *4* months days.
 Cause of Death *Bright's Disease*
 Certifying Physician *C. Walliser*
 Date of Death *April 21 1896*
 Date of Burial.....
 Funeral at House or..... Church.
 Place of Burial..... Cemetery.
 Grave or Lot No..... Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native New Gory

PAYMENTS.

<i>July 30 1896</i>	
<i>His Bill</i>	<i>81 75</i>
<i>Cash</i>	<i>53 25</i>
<i>Paid</i>	<i>85 00</i>

Number of Funeral.....

Number for the Current Year.....


Be careful to enter name of
deceased and number of page
in index for future reference.Date, *April 27* 18*96*Items of Bill, (cross out items not furnished.) Cost. Charged.
USE A PRIVATE MARK.

Bill Rendered to.....
 When Rendered.....
 Door Crape.....
 Draperies.....
 Candelabra and.....Candles.....
 Washing and Laying out Remains, Shaving.....
 Preservation of Remains.....
 Casket *No 21*.....*65 00*
 Trimming.....
 No.....Handles.....
 No.....Plate engraved.....*5 00*
 Outside Box (Pine, Chestnut, Oak, Cedar).....
 Plate.....Handles.....Corners on Box.....
 No.....Robe.....
 Use of.....Doz. Chairs.....
 Doz. Pall Bearer or Funeral Notices and serving.....
 Advertising.....
 Prs.....Gloves for.....
 Linen Scarfs for.....
 Arm Crape.....Badges.....Silk Caps.....
 Flowers.....
 Cemetery Charges.....
 Personal Attendance.....Porters and Help.....
 Hearse.....*10 00*
 Carriages to.....
 Transportation Expenses, &c.....

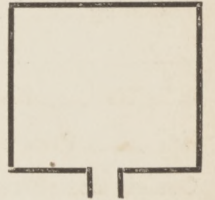
SUNDRY ITEMS.

Amount of Bill.....*80 -*
 Amount brought over from preceding page.....*3 2 90 00*
 Amount carried over to next page.....*3 2 90 00*

Name of Dec'd *Carrie D Reed*
 Late Residence *Donoma*
 Age *29* years months days.
 Cause of Death *Tuberculosis*
 Certifying Physician *J. H. Davis*
 Date of Death *April 27 1896*
 Date of Burial *" 28 "*
 Funeral at House or *House* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native Illinois

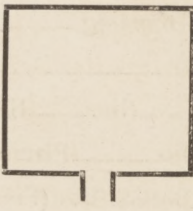
PAYMENTS.

<i>May 9 1896</i>	<i>50 00</i>
<i>Paid</i>	<i>15</i>
<i>Aug 11 1898</i>	<i>15</i>
	<i>80 00</i>

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 16 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
USE A PRIVATE MARK.			
Bill Rendered to.....			Name of Dec'd <u>William Pickett</u>
When Rendered.....			Late Residence <u>Catland</u>
Door Crape.....			Age <u>86</u> years <u>6</u> months..... days.
Draperies.....			Cause of Death <u>J & Rayon</u>
Candelabra and..... Candles.....			Certifying Physician <u>Paralytic</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>14</u> <u>1896</u>
Preservation of Remains.....			Date of Burial <u>16</u> ..
Casket.....			Funeral at House or..... Church.
Trimming.....			Place of Burial <u>Mountain</u> Cemetery.
No..... Handles.....			Grave or Lot No..... Section No.....
No..... Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by <input type="checkbox"/> }
Plate..... Handles..... Corners on Box.....			Inscription {
No..... Robe.....			on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs..... Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse <u>and attendance</u>		<u>12 00</u>	
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			PAYMENTS.
			<u>April 8 1898</u>
			<u>Paid</u>
Amount of Bill.....		<u>12 00</u>	
Amount brought over from preceding page.....	<u>3</u>	<u>29 0</u>	
Amount carried over to next page.....	<u>03</u>	<u>02</u>	

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Bonoma May 16* 18*96*

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

.....No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

.....Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

..... Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

.....Prs. Gloves for.....

.....Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

.....Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd *Otto Schetter*Late Residence *Phoenix Ariz*Age *14* years..... months..... days.Cause of Death *Blood Poisoning*Certifying Physician *Neil McIntyre*Date of Death *May 6 1896*Date of Burial *May 18 1896*

Funeral at House or.....


Church.

Place of Burial.....

Cemetery.

Grave or Lot No.

Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

{ Length to Heel..... feet..... in. }

{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

*Oct 19 1896**Paid**12 50**3 3**02 00**3 3**14 00*

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *June 15* 18*96*

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse *Hearse*.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....


Amount carried over to next page.....

Name of Dec'd *Frank H. Vashit*Late Residence *San Francisco*Age *34* years *10* months *7* days.Cause of Death *Nephritis*Certifying Physician *E. G. Dr. Cornell*Date of Death *June 12 1896*Date of Burial *" 15 "*

Funeral at House or..... Church.

Place of Burial *Mountain*..... Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native California

PAYMENTS.

*Paid**20.00**89.00**109.00*

Number of Funeral.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Number for the Current Year.....

Date, June 22 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
USE A PRIVATE MARK.			
Bill Rendered to.....			
When Rendered.....			
Door Crape.....			
Draperies.....			
Candelabra and..... Candles.....			
Washing and Laying out Remains, Shaving.....			
Preservation of Remains.....			
Casket <u>5-6 No. 10</u>		<u>40</u>	
Trimming.....			
No. Handles.....			
No. Plate engraved.....			
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>0 00</u>	
Plate Handles Corners on Box.....			
No. Robe.....			
Use of Doz. Chairs.....			
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape. Badges. Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance. Porters and Help.....			
Hearse.....		<u>10 00</u>	
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<u>55 00</u>	
Amount brought over from preceding page.....	<u>3</u>	<u>40 90</u>	
Amount carried over to next page.....	<u>3</u>	<u>464</u>	

Name of Dec'd Grace Perkins

Late Residence Sonoma

Age 22 years 9 months..... days.

Cause of Death Phthisis

Certifying Physician H H Davis

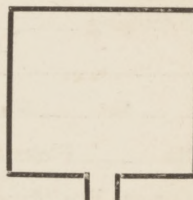
Date of Death June 22 1896

Date of Burial " 23 "

Funeral at House or House Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {
on Plate. {

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

Native California

PAYMENTS.

Aug 7 1896

Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 6 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		10
Amount brought over from preceding page.....	03	05
Amount carried over to next page.....	03	45

Name of Dec'd John D. C. Smith
Late Residence Santa Rosa
Age 85 years _____ months _____ days
Cause of Death Pneumonia
Certifying Physician _____
Date of Death _____
Date of Burial July 6 1896
Funeral at House or _____ Church
Place of Burial Mountain Cemetery
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in.
Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

April 15 1897
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd
Late Residence.....
Age..... years..... months..... days.....
Cause of Death.....
Certifying Physician.....
Date of Death.....
Date of Burial.....
Funeral at House or Church.....
Place of Burial..... Cemetery.....
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 27 18 96

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>No 1 1/2 6 feet</u>		<u>32 00</u>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5</u>
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		<u>8</u>
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		<u>10 00</u>
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>55</u>
Amount brought over from preceding page.....	<u>3</u>	<u>6 20 00</u>
Amount carried over to next page.....	<u>3</u>	<u>6 75 00</u>

Name of Dec'd Angelo Baccigaluppi
 Late Residence Bonoma
 Age 47 years 28 months 28 days.
 Cause of Death Tuberculosis
 Certifying Physician H H Davis
 Date of Death July 26 1896
 Date of Burial 28
 Funeral at House or House Church.
 Place of Burial Catholic Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in.)
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native
Italy

PAYMENTS.

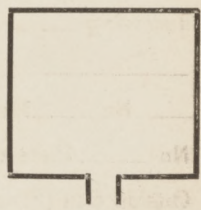
Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 31 1896

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		5 00
Preservation of Remains _____		65 00
Casket _____		
Trimming _____		
No. _____ Handles, _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		5 00
_____ Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		6 00
Use of _____ Doz. Chairs _____		
_____ Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
_____ Prs. _____ Gloves for _____		
_____ Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		10 00
Carriages to _____		6 00
<u>Open Grave</u>		1 00
<u>Permit</u>		
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		98 00
Amount brought over from preceding page _____	3 4	70 00
Amount carried over to next page _____	0 7	73 00

Name of Dec'd William Hoyt
 Late Residence _____
 Age 41 years _____ months _____ days.
 Cause of Death Natural Causes
 Certifying Physician Coroner J. J. J.
 Date of Death July 30 1896
 Date of Burial " 31 "
 Funeral at House or _____ Church.
 Place of Burial Vally Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Paid Aug 19 1896

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Aug 5 1896

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket No 1 1/2 length 6 ft40.00

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5.00

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

10.00

Carriages to.....

Burial Permit5.00

Transportation Expenses, &c.....

SUNDRY ITEMS.

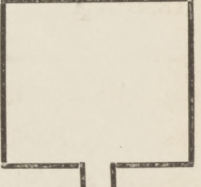
Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

37
3850.00
70
34.00Name of Dec'd Robert J. DunnLate Residence Bonoma Township Bonoma CoAge 35 years..... months..... days.....Cause of Death ApoplexyCertifying Physician H. H. DavisDate of Death Aug 4 1896Date of Burial 6Funeral at House or House Church.....Place of Burial Mountain Cemetery.....

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

Native
New York

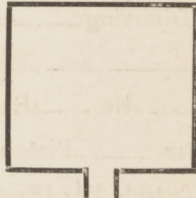
PAYMENTS.

Oct 24 1897Paid

Number of Funeral.....

Number for the Current Year.....

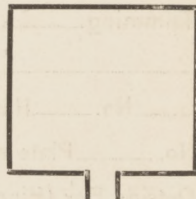
Be careful to enter name of
deceased and number of page
in index for future reference.Date, Aug 11 1896

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd
Bill Rendered to.....			<u>Miss</u>
When Rendered.....			Late Residence <u>Sonomu Township</u>
Door Crape.....			Age..... years..... months..... days.
Draperies.....			Cause of Death <u>Accidental Shot</u>
Candelabra and..... Candles.....			Certifying Physician.....
Washing and Laying out Remains, Shaving.....			Date of Death <u>Aug 10 1896</u>
Preservation of Remains.....			Date of Burial.....
Casket <u>Coffin No 1 4. 6</u>		<u>15 00</u>	Funeral at House or..... Church.
Trimming.....			Place of Burial <u>Home Place</u> Cemetery.
No. Handles.....			Grave or Lot No. Section No.
No. Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....			Inscription { on Plate. {
Plate Handles Corners on Box.			
No. Robe.....			Measurement, { Length to Heel..... feet..... in. } { Width at Shoulder..... }
Use of Doz. Chairs.....			OTHER MEMORANDA.
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			PAYMENTS.
Amount of Bill.....	<u>3</u>	<u>8</u>	<u>15 00</u>
Amount brought over from preceding page.....	<u>0</u>	<u>8</u>	<u>49 00</u>
Amount carried over to next page.....			

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 28 1896

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <u>Dick Thomas</u>
Bill Rendered to.....			Late Residence.....
When Rendered.....			Age..... years..... months <u>one</u> days.
Door Crape.....			Cause of Death.....
Draperies.....			Certifying Physician.....
Candelabra and..... Candles.....			Date of Death.....
Washing and Laying out Remains, Shaving.....			Date of Burial.....
Preservation of Remains.....			Funeral at House or..... Church.
Casket <u>Coffin No 1 2 ft</u>		<u>10 00</u>	Place of Burial..... Cemetery.
Trimming.....			Grave or Lot No..... Section No.....
No. Handles.....			Location of Grave 
No. Plate engraved.....			{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar).....			Inscription {
Plate Handles Corners on Box.			on Plate. }
No. Robe.....			Measurement, { Length to Heel..... feet..... in. }
Use of Doz. Chairs.....			{ Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving.....			OTHER MEMORANDA.
Advertising.....			
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			PAYMENTS.
Amount of Bill.....	<u>3</u>	<u>9</u>	<u>10 00</u>
Amount brought over from preceding page.....	<u>3</u>	<u>9</u>	<u>3 1 00</u>
Amount carried over to next page.....			

Date, DECEMBER 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs..... Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
.....Carriages to.....		
Transportation Expenses, &c.....		5 00
SUNDRY ITEMS.		
Amount of Bill.....	\$ 9	15 00
Amount brought over from preceding page.....		31 00
Amount carried over to next page.....		

Name of Dec'd Adde Dyson
Late Residence San Francisco
Age 19 years 7 months 16 days.
Cause of Death Phthisis Pulmonalis
Certifying Physician W. H. Logan M.D.
Date of Death W. H. Logan Sep 27 1896
Date of Burial Sept 30 1896
Funeral at House or House Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross ‡. }
 { Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in. {
{ Width at Shoulder..... {

OTHER MEMORANDA.

PAYMENTS.

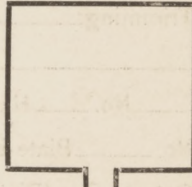
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd
	USE A PRIVATE MARK.		
Bill Rendered to.....			<i>Sorenzo Pinelli</i>
When Rendered.....			Late Residence <i>Bonoma</i>
Door Crape.....			Age..... years <i>19</i> months..... days.
Draperies.....			Cause of Death <i>Memphis</i>
Candelabra and..... Candles.....			Certifying Physician <i>Wallis</i>
Washing and Laying out Remains, Shaving.....			Date of Death <i>Feb 30 1896</i>
Preservation of Remains.....			Date of Burial <i>Oct 2</i>
Casket <i>Coffin 8/3 No 1</i>		<i>15 00</i>	Funeral at House or <i>House</i> Church.
Trimming.....			Place of Burial <i>Mountain</i> Cemetery.
No..... Handles.....			Grave or Lot No..... Section No. <i>4</i>
No..... Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....			{ Draw lines for Graves in the Plot, and } designate this one with a double Cross †. Show position of monument by <input type="checkbox"/>
Plate..... Handles..... Corners on Box.....			Inscription {
No..... Robe.....			on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs..... Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<i>15 00</i>	
Amount brought over from preceding page.....	<i>8 9</i>	<i>31 00</i>	
Amount carried over to next page.....	<i>8 9</i>	<i>46 00</i>	

PAYMENTS.

Oct 12 1896
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 10 1896 18

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket Casket No 19th

60 00

Trimming.....

No. Handles.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5 00

Plate Handles Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape Badges Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance Porters and Help.....

Hearse.....

10 00

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

75 00

3 9 44 00

4 0 21 00

Name of Dec'd Geo W Sparks

Late Residence Sonoma

Age 64 years months days.

Cause of Death solersia of liver

Certifying Physician H H Davis

Date of Death Oct 8 1896

Date of Burial " 10 "

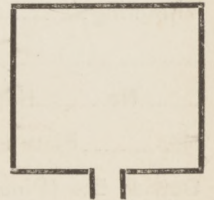
Funeral at House or House Church.

Place of Burial Valley Cemetery.

Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
designate this one with a double Cross † }
Show position of monument by □



Inscription {

on Plate. }

Measurement, {

Length to Heel feet in. }

Width at Shoulder }

OTHER MEMORANDA.

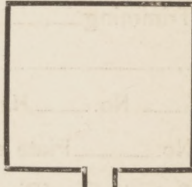
PAYMENTS.

Paid Oct 10 1896

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 16 1896 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	Name of Dec'd
	USE A PRIVATE MARK.		
Bill Rendered to.....			<u>Charles L Book</u>
When Rendered.....			Late Residence <u>Sonoma</u>
Door Crape.....			Age <u>40</u> years <u></u> months <u></u> days.
Draperies.....			Cause of Death <u>Typhoid Pneumonia</u>
Candelabra and..... Candles.....			Certifying Physician <u>H H Davis</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>Oct 15 1896</u>
Preservation of Remains.....			Date of Burial <u>" 17 "</u>
Casket <u>Coffin</u>		<u>20 00</u>	Funeral at House or <u>Home</u> Church.
Trimming.....			Place of Burial <u>Mountain</u> Cemetery.
No. Handles.....			Grave or Lot No. Section No.
No. Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5 00</u>	{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
Plate Handles..... Corners on Box.....			Inscription {
No. Robe.....			on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....		<u>10 00</u>	
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<u>33.50</u>	
Amount brought over from preceding page.....	<u>4 0</u>	<u>21 00</u>	
Amount carried over to next page.....	<u>4 0</u>	<u>56 00</u>	

PAYMENTS.

<u>Nov 2</u>	<u>Paid</u>	<u>5 00</u>
<u>1897 Feb 16</u>	<u>"</u>	<u>5 00</u>
<u>1898 Jan 10</u>	<u>"</u>	<u>5 00</u>


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Oct 26* 18*96*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i>County</i>		<i>15 00</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>15 00</i>
Amount brought over from preceding page.....	<i>4 0</i>	<i>56 00</i>
Amount carried over to next page.....	<i>4 0</i>	<i>61 00</i>

Name of Dec'd *Un Known*
 Late Residence *Songma Gonski*
 Age *About* years, *60* months.....days.
 Cause of Death *Suicide by hanging*
 Certifying Physician.....
 Date of Death.....
 Date of Burial *Oct 26 1896*
 Funeral at House or.....Church.
 Place of Burial *Valley*.....Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †. }
 Show position of monument by ☐

Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Nov. 9 1896
Paid

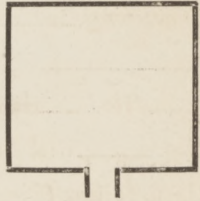
Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 30 1896

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>No 19th</u>		60 00
Trimming.....		
No..... Handles.....		
No..... Plate engraved.....		5 00
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No..... Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs..... Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10 00
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		75 00
Amount brought over from preceding page.....	4 0	71
Amount carried over to next page.....	4 1	46 00

Name of Dec'd F. Breitenbach
 Late Residence Sonoma
 Age 70 years 9 months days.
 Cause of Death Apoplexy
 Certifying Physician H. H. Davis
 Date of Death Oct 30 1896
 Date of Burial Nov 1st
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Jan 20 Paid


Number of Funeral.....

Number for the Current Year.....

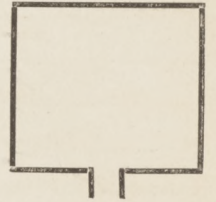
Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 4 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>Casket 6-30</u> <u>Plate 1822</u>		<u>75 00</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>0 00</u>
Plate Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		<u>10 00</u>
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		<u>90 00</u>
Amount brought over from preceding page.....	<u>4 1</u>	<u>46 00</u>
Amount carried over to next page.....	<u>4 2</u>	<u>36 00</u>

Name of Dec'd Herbert H Powell
 Late Residence Omaha
 Age 21 years months days.
 Cause of Death Pulmonary
 Certifying Physician H H Davis
 Date of Death Nov 4 1896
 Date of Burial Nov 4 1896
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }



Inscription {
 on Plate. }

Measurement, { Length to Heel feet in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Nov 4 1896
Paid

Number of Funeral.....

Number for the Current Year:

Be careful to enter name of deceased and number of page in index for future reference.

Date, Nov 7 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Vincent A. Ubbatz
Late Residence Sonder
Age 46 years _____ months _____ days
Cause of Death Hemorrhage from stomach
Certifying Physician B. Wallisen
Date of Death 7 Nov 1896
Date of Burial 8 _____
Funeral at House or _____ Church.
Place of Burial Valley _____ Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross ‡. }
{ Show position of monument by }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid
 Nov 24 / 1896

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov-15 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		75 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Transportation Expenses, &c.....		

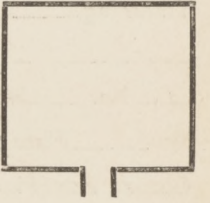
SUNDRY ITEMS.

Amount of Bill.....Discount

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Maudie A. Hill
 Late Residence Sonoma
 Age 26 years 4 months days.
 Cause of Death Consumption
 Certifying Physician.....
 Date of Death Nov 15 1896
 Date of Burial 17
 Funeral at House or House Church.
 Place of Burial Catholic Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Nov-20 1896
Paid

Number of Funeral _____


Number for the Current Year _____

Be careful to enter name of deceased and number of page in index for future reference.

Date, Dec 13 1896

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		
Preservation of Remains _____		
Casket _____		
Trimming _____		
No. _____ Handles, _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		
_____ Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
_____ Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
_____ Prs. _____ Gloves for _____		
_____ Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		10 00
_____ Carriages to _____		2 50
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		12 50
Amount brought over from preceding page _____	4 3	23 00
Amount carried over to next page _____	4 3	35 50

Name of Dec'd Amie Weems
 Late Residence Sanoma
 Age 19 years _____ months _____ days.
 Cause of Death Yellow Abscess
 Certifying Physician L. E. Lane
 Date of Death Dec 13 1896
 Date of Burial " 15 "
 Funeral at House or House Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }

Inscription {
on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Paid
Aug 21 1897

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of deceased and number of page in index for future reference.

Date, Jan 25 1897 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.		
USE A PRIVATE MARK.				
Bill Rendered to <i>Edison Faithful</i>				
When Rendered _____				
Door Crape _____				
Draperies _____				
Candelabra and _____ Candles _____				
Washing and Laying out Remains, Shaving _____				
Preservation of Remains _____				
Casket _____		35 00		
Trimming _____				
_____ No. _____ Handles, _____				
No. _____ Plate engraved _____		5 00		
Outside Box (Pine, Chestnut, Oak, Cedar) _____				
_____ Plate _____ Handles _____ Corners on Box _____				
No. _____ Robe _____				
Use of _____ Doz. Chairs _____				
_____ Doz. Pall Bearer or Funeral Notices and serving _____				
Advertising _____				
_____ Prs. _____ Gloves for _____				
_____ Linen Scarfs for _____				
Arm Crape _____ Badges _____ Silk Caps _____				
Flowers _____				
Cemetery Charges _____				
Personal Attendance _____ Porters and Help _____				
Hearse _____		10 00		
_____ Carriages to _____				
Transportation Expenses, &c. _____				
SUNDRY ITEMS.				
Amount of Bill _____		50 00		
Amount brought over from preceding page _____	4 3	84 50		
Amount carried over to next page _____	4 4	34 50		

Name of Dec'd *Amel Faithful*

Late Residence *Ed Varnis*

Age *62* years *5* months *9* days.

Cause of Death *Heart Disease*

Certifying Physician *H H Davis*

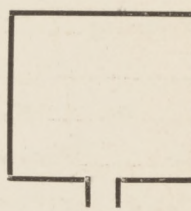
Date of Death *Jan 24 1897*

Date of Burial *" 26*

Funeral at House or *Congl Church* Church.

Place of Burial *Main St* Cemetery.

Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross +. }
 { Show position of monument by □ }

Inscription { _____
 on Plate. { _____

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

1897 Jan 30 Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Feb 11* 18*97*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains.....		
Casket.....		
<i>Hearse & Attendance</i>		<i>20 00</i>
Trimming.....		
No. Handles,		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help		
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>20 00</i>
Amount brought over from preceding page.....	<i>4 4</i>	<i>34 50</i>
Amount carried over to next page.....	<i>4 4</i>	<i>54 50</i>

Name of Dec'd *Andronica Vallejo*
 Late Residence *Vallejo California*
 Age *62* years months days.
 Cause of Death *Deopsy*
 Certifying Physician *Dr. Platon Vallejo*
 Date of Death *Feb 11th 1897*
 Date of Burial *" 13 "*
 Funeral at House or Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. }

Measurement, { Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

March 2 1897
Paid

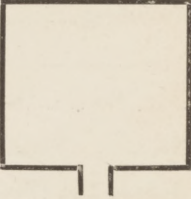
Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 14 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		12 50
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		12 50
Amount brought over from preceding page.....	4 4	54 50
Amount carried over to next page.....	4 4	67 00

Name of Dec'd Mary Thierkoff
 Late Residence Maple Grove, Wis.
 Age 82 years months days.
 Cause of Death Pulmonary
 Certifying Physician A. M. Gardner
 Date of Death Feb 14, 1897
 Date of Burial Feb 14, 1897
 Funeral at House or Church Catholic Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

June 7 1897
Paid 10 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

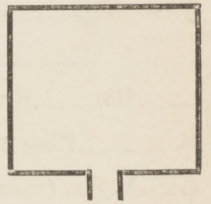
Date, *Feb. 19* 18*97*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>No 19# 5-6</i>		<i>60 00</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		<i>5 00</i>
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<i>10 00</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>75 00</i>
Amount brought over from preceding page.....	<i>4 4</i>	<i>47 00</i>
Amount carried over to next page.....	<i>4 5</i>	<i>42 00</i>

Name of Dec'd *Artemisia Griffith*
 Late Residence *Omaha*
 Age *80* years *2* months *6* days.
 Cause of Death *Apoplexy*
 Certifying Physician *Carl Walliser*
 Date of Death *Feb 18 1897*
 Date of Burial *20*
 Funeral at House or *House* Church.
 Place of Burial *Valley* Cemetery.
 Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. }
 Show position of monument by ☐



Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

Native Kentucky

PAYMENTS.

Feb. 24 1897
Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Feb 21 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		20.00
Amount brought over from preceding page.....	45	42.00
Amount carried over to next page.....	45	62

Name of Dec'd Melchior Marti
 Late Residence Bonoma
 Age 52 years..... months..... days.
 Cause of Death Cancer Stomach
 Certifying Physician J C Lane
 Date of Death Feb 20 1897
 Date of Burial " 22 "
 Funeral at House or..... Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No..... Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {
 on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

June 23 1897
Paid

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

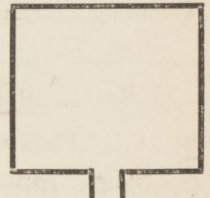
Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>No 1</i> <i>5-9</i>		<i>25 00</i>
Trimming.....		
No. Handles,		
No. Plate engraved.....		<i>5 00</i>
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles Corners on Box.		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<i>10 00</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>40 00</i>
Amount brought over from preceding page.....	<i>45</i>	<i>62 00</i>
Amount carried over to next page.....	<i>46</i>	<i>02 00</i>

Name of Dec'd *Frederick M. Ellerman*
 Late Residence *Boonville California*
 Age *77* years *5* months *8* days.
 Cause of Death *General Debility*
 Certifying Physician.....
 Date of Death *March 5 1899*
 Date of Burial *" 8 "*
 Funeral at House of *Church* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †. }
 Show position of monument by ☐



Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

March 8 1899
Paid

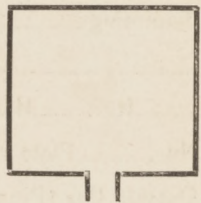
Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 11 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		0 00
Preservation of Remains _____		
Casket _____		60 00
Trimming _____		
No. _____ Handles _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		0 00
_____ Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
_____ Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
_____ Prs. _____ Gloves for _____		
_____ Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		10 00
_____ Carriages to _____		
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		80 00
Amount brought over from preceding page _____	46	02 00
Amount carried over to next page _____	46	82 00

Name of Dec'd Emma Watress
 Late Residence Legna Catiente
 Age 52 years _____ months _____ days _____
 Cause of Death Bright's disease
 Certifying Physician H. H. Davis
 Date of Death March 11 1897
 Date of Burial 13
 Funeral at House or House Church _____
 Place of Burial Mountain Cemetery _____
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

June 15	By cash	70 00
1898 Jan 3	" "	10 00
		80 00


Number of Funeral.....

Number for the Current Year.....

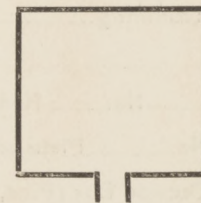
Be careful to enter name of
deceased and number of page
in index for future reference.Date, March 31 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>No 2</u>		<u>BS</u>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5.00</u>
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<u>10.00</u>
Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		<u>\$50.00</u>
Amount brought over from preceding page.....	<u>46</u>	<u>82.00</u>
Amount carried over to next page.....	<u>47</u>	<u>32.00</u>

Name of Dec'd Agatha Allerman
 Late Residence Shelbville
 Age 62 years months days.
 Cause of Death Heart Failure
 Certifying Physician Carl Walker
 Date of Death March 11 1897
 Date of Burial " 12 "
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }



Inscription {
 on Plate. }

Measurement, { Length to Heel feet in. }
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

April 6 1897
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, April 15 1897


Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		20 00
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		25 00
Amount brought over from preceding page.....	4 7	32 00
Amount carried over to next page.....	4 7	47

Name of Dec'd Francis H WoosterLate Residence San FranciscoAge 67 years..... months..... days.Cause of Death PneumoniaCertifying Physician L O RogersDate of Death April 13Date of Burial 15

Funeral at House or..... Church.

Place of Burial Vally Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1898
Paid March 2 20 00


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *April 19th* 18*97*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <i>No 1 570</i>		<i>25 -</i>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 -</i>
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to <i>wagon</i>		<i>5 -</i>
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>35⁰⁰</i>
Amount brought over from preceding page.....	<i>47</i>	<i>00</i>
Amount carried over to next page.....	<i>41</i>	<i>82⁰⁰</i>

Name of Dec'd *Matelena Lentz*
 Late Residence *Sonoma*
 Age *78* years *5* months *—* days.
 Cause of Death *old age and Paralysis*
 Certifying Physician.....
 Date of Death *April 18th 1897*
 Date of Burial *April 20th 1897*
 Funeral at House or.....Church.
 Place of Burial *Valley* Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Feb 19 1898 Paid 35⁰⁰

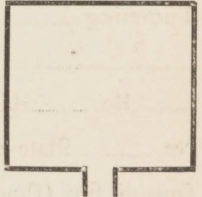
Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 17th 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		
Preservation of Remains _____		
Casket <u>No 1 1/2</u>		<u>35</u> -
Trimming _____		
No. _____ Handles, _____		
No. _____ Plate engraved _____		<u>5</u> -
Outside Box (Pine, Chestnut, Oak, Cedar) _____		
Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
Prs. _____ Gloves for _____		
Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		<u>10</u> -
Hearse _____		
Carriages to _____		
Transportation Expenses, &c. _____		

Name of Dec'd Sabina Allerman
 Late Residence Shelbille Sonoma Cal
 Age 24 years 1 months 20 days.
 Cause of Death Tuberculosis
 Certifying Physician H. H. Davis M.D.
 Date of Death May 16th 1897
 Date of Burial May 17th 1897
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

July 12 1897
Paid

SUNDRY ITEMS.

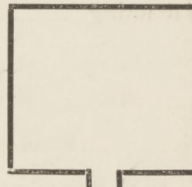
Amount of Bill _____
 Amount brought over from preceding page _____
 Amount carried over to next page _____

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.		
USE A PRIVATE MARK.			Name of Dec'd	
Bill Rendered to.....			Late Residence	<i>Hagan Santa Rosa</i>
When Rendered.....			Age.....	years..... months..... days.
Door Crape.....			Cause of Death.....	
Draperies.....			Certifying Physician.....	
Candelabra and.....Candles.....			Date of Death	<i>May 29 1897</i>
Washing and Laying out Remains, Shaving.....			Date of Burial.....	
Preservation of Remains.....			Funeral at House or.....	Church.
Casket.....			Place of Burial.....	Cemetery.
Trimming.....			Grave or Lot No.....	Section No.....
No..... Handles.....			Location of Grave	
No..... Plate engraved.....			{ Draw lines for Graves in the Plot, and } designate this one with a double Cross †. Show position of monument by □ }	
Outside Box (Pine, Chestnut, Oak, Cedar).....			Inscription {	
Plate..... Handles..... Corners on Box.....			on Plate. {	
No..... Robe.....			Measurement, {	Length to Heel..... feet..... in. }
Use of..... Doz. Chairs.....			{	Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving.....			OTHER MEMORANDA.	
Advertising.....				
Prs..... Gloves for.....				
Linen Scarfs for.....				
Arm Crape..... Badges..... Silk Caps.....				
Flowers.....				
Cemetery Charges.....				
Personal Attendance..... Porters and Help.....				
Hearse.....				
Carriages to.....				
Transportation Expenses, &c.....				
SUNDRY ITEMS.			PAYMENTS.	
			<i>June 16 1897</i> <i>Paid</i> <i>10.00</i>	
Amount of Bill.....				
Amount brought over from preceding page.....				
Amount carried over to next page.....				

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 27 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse <u>Hearse Attendance</u>		<u>20 00</u>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>16 56</u>
Amount brought over from preceding page.....	<u>4 8</u>	<u>44 56</u>
Amount carried over to next page.....	<u>4 8</u>	<u>59 56</u>

USE A PRIVATE MARK.

Name of Dec'd Obed ChantLate Residence OaklandAge 90 years 6 months 9 days.Cause of Death Old ageCertifying Physician J. H. H. H. H.Date of Death June 17 1897Date of Burial 30Funeral at House or Church


Church.

Place of Burial Valley

Cemetery.

Grave or Lot No.

Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel..... feet..... in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

June 30 1897
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 19 1897

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket 9/2" 3 feet 7 Box 88.00

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles..... Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.


Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd Genevieve GreenLate Residence SonomaAge..... years 15 months 27 days.Cause of Death Cerebral meningitisCertifying Physician C. WellisenDate of Death July 19 1897Date of Burial " 14 "Funeral at House or House Church.....Place of Burial Catholic Cemetery.....

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. {

Measurement, { Length to Heel.....feet.....in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Jan 20 1898
Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 12 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		5 0 00
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		8 00
Plate Handles Corners on Box.....		
No. Robe.....		6 00
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape Badges Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		71 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Cathrine Vasquez
 Late Residence Sonoma
 Age 68 years months days.
 Cause of Death.....
 Certifying Physician.....
 Date of Death Sept 12 1897
 Date of Burial 13
 Funeral at House or Cathlie Church.
 Place of Burial Cathlie Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel feet in.
 { Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

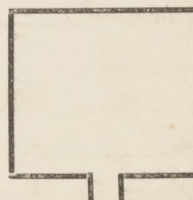
Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 27 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <u>No 19</u>		<u>60 00</u>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>4 00</u>
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		<u>6 00</u>
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<u>10 00</u>
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>80 00</u>
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Thomas Thompson
 Late Residence near Sonoma California
 Age 76 years months days.
 Cause of Death Heart Disease
 Certifying Physician H H Davis
 Date of Death Sept 25 1897
 Date of Burial 27
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Oct 2 1897
Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Oct 13 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <u>050</u>		<u>75 00</u>
Trimming.....		
.....No.Handles,.....		
No.Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5 00</u>
.....PlateHandles.....Corners on Box.....		
No.Robe.....		<u>10 00</u>
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<u>10 00</u>
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>1 90 00</u>
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Mrs. Cairne Robin
 Late Residence Sonoma
 Age 46 years months days.
 Cause of Death Peritonitis
 Certifying Physician H H Davis
 Date of Death Oct 13, 1897
 Date of Burial.....
 Funeral at House or.....Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Oct 21* 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		40 00
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		5 00
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10 00
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		55 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Magdalena Cornelius*
 Late Residence *Sonoma*
 Age *15* years *10* months days.
 Cause of Death *Chronic Cerebritis*
 Certifying Physician *H. H. Davis*
 Date of Death *October 20 1897*
 Date of Burial *" 22 "*
 Funeral at House or *House* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1897
Feb 9 Paid *20 00*
By Hay *35 00*
55 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 24 1897 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		40 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		4 00
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		54 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Lilly Castagnasse*
Late Residence *Sonoma*
Age *7* years *9* months days.
Cause of Death *Pneumonia*
Certifying Physician *Carl Walliser*
Date of Death *Oct 24 1897*
Date of Burial *26*
Funeral at House or *Catholic* Church.
Place of Burial *Catholic* Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
{ Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

SUNDRY ITEMS.

1897					
Nov 8	Paid			54	00

54 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 29 18 97

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

18 00

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

5 00

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

10 00

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

30 00

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd S. N. Johnson

Late Residence.....

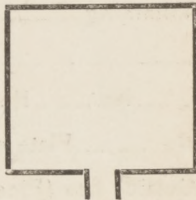
Age..... years..... months..... days.

Cause of Death SuicideCertifying Physician CoronerDate of Death Dec 29 1897Date of Burial Jan 1 1898

Funeral at House or..... Church.

Place of Burial Vally Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Jan 15 1898
Paid


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 31 1897

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		15 00
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles.....		10 00
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles.....Corners on Box.....		
No. Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		
Carriages to.....		
<u>Removal Permit</u>		25 00
Transportation Expenses, &c.....		6 00
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Jean Baptiste Hosatte
 Late Residence Sonoma
 Age 82 years months days.
 Cause of Death Deafy
 Certifying Physician Wallister
 Date of Death Dec 30 1897
 Date of Burial.....
 Funeral at House or.....Church.
 Place of Burial San Francisco Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Aug 20 1898Paid.

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, Jan 27 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and..... Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
..... No. Handles,		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Emily Vanderson*
Late Residence *Sonoma*
Age *55* years _____ months _____ days _____
Cause of Death *Surgical shock from operation*
Certifying Physician *Rain Hospital San Francisco*
Date of Death *Jan 26 1898*
Date of Burial *Jan 28 "*
Funeral at House or _____ Church.
Place of Burial *Mountain* Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement.

Length to Heel.....feet.....in.
Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

[illegible]


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Jan 29* 18*98*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<i>\$16.00</i>
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Sophie Marie Fane*
 Late Residence *San Francisco*
 Age *75* years *8* months *12* days.
 Cause of Death *Senile Debility*
 Certifying Physician *J. A. Morrissey*
 Date of Death *January 28 1898*
 Date of Burial *" 30 "*
 Funeral at House or *House* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Jan 30 1898
Paid

Number of Funeral _____


Number for the Current Year _____

Be careful to enter name of deceased and number of page in index for future reference.

Date, March 18 98 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		
Preservation of Remains _____		
Casket _____		
Trimming _____		
_____ No. _____ Handles, _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		
_____ Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
_____ Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
_____ Prs. _____ Gloves for _____		
_____ Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		10 00
_____ Carriages to _____		
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		
Amount brought over from preceding page _____		
Amount carried over to next page _____		

Name of Dec'd Arthur Orcil
 Late Residence San Francisco
 Age 20 years _____ months _____ days.
 Cause of Death Peritonitis
 Certifying Physician S. H. Lang
 Date of Death March 15 1898
 Date of Burial March 18 1898
 Funeral at House or _____ Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross +. }
 Show position of monument by ☐

Inscription {

on Plate. }

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Paul

Number of Funeral.....

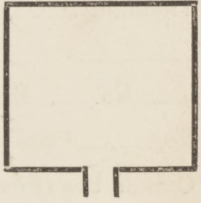
Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date, 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		70 00
Casket..... <i>no 21</i>		
Trimming.....		
.....No. Handles,		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
..... Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		85 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Mary Henderson Akas*
 Late Residence *Shelville Sonoma Co*
 Age *51* years *10* months *10* days.
 Cause of Death *Primary gyph. & secondary pneumonia*
 Certifying Physician *H. H. Davis*
 Date of Death *March 14 1898*
 Date of Burial *" 3 "*
 Funeral at House or *House* Church.
 Place of Burial..... Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel..... feet..... in.)
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

March 8 1898
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <u>Mrs. Enos</u>		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Frederick W. Weise

Late Residence San Francisco

Age 39 years 2 months 7 days.

Cause of Death Pneumonia

Certifying Physician Ch. D. Mc Carthy


Date of Death March 18 1898

Date of Burial " 20 "

Funeral at House or..... Church.

Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }

Inscription {
on Plate.

Measurement, { Length to Heel..... feet..... in. }
Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to <i>Wm B Snyder</i>		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		1.75 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		2.50 00
Hearse.....		
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd	Late Residence	Age	years	months	days	Cause of Death	Certifying Physician	Date of Death	Date of Burial	Funeral at House or	Church.	Place of Burial	Cemetery.	Grave or Lot No.	Section No.
<i>John Summerfield Ennis</i>	<i>Sonoma</i>	<i>69</i>				<i>Heart Failure</i>	<i>H H Davis</i>	<i>March 30 1898</i>	<i>April 3rd 1898</i>	<i>G. W. Clark</i>		<i>Tanner</i>			

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription	on Plate.

Measurement	Length to Heel	feet	in.	Width at Shoulder

OTHER MEMORANDA.

PAYMENTS.

Year	Month	Day	Amount
1898	Sept	24	Paid 1.75 00

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

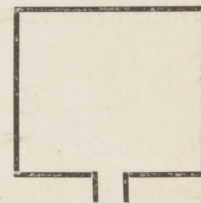
Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		12 00
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd George Clark
 Late Residence Glenn Ellen Sonoma Co
 Age 83 years 8 months days.
 Cause of Death Old age
 Certifying Physician H. H. Davis
 Date of Death April 6th 1898
 Date of Burial " 8 "
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }



Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid
April 8 1898

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18.....

[illegible]

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <i>Joseph Cowan</i>		
When Rendered		
Door Crape		
Draperies		
Candelabra and.....Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		40 00
Trimming		
No. Handles,		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		5 00
Plate Handles Corners on Box.		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		10 00
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		55 00
Amount brought over from preceding page		
Amount carried over to next page		

Name of Dec'd *Nellie Guiteray*
 Late Residence *Bennett Valley*
 Age *16* years months days.
 Cause of Death *Inflammation bowels*
 Certifying Physician *H H Davis*
 Date of Death *May 4 1898*
 Date of Burial *" 5 "*
 Funeral at House or *House* Church.
 Place of Burial *Catholic* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1898		
June 13 Paid	40 00	
"	5 00	
	45 00	

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, May 24 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i>No 21 - 6 feet</i>		<i>70 00</i>
Trimming.....		
.....No..... Handles,.....		
No..... Plate engraved.....		<i>4 00</i>
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate..... Handles..... Corners on Box.....		
No..... Robe.....		<i>6 00</i>
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs..... Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<i>10 00</i>
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>90 00</i>
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Bartholomew Castagnetta*

Late Residence Sonoma

Age 71 years 1 months 1 days.

Cause of Death Walliser

Certifying Physician Gyphorse Fiver

Date of Death May 24 1898


Date of Burial 11 26 11

Funeral at House or Church Church.

Place of Burial Catholic — Cemetery

Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by  }

Inscription

on Plate.

(Length to Heel.....feet.....in.)

Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

1898			
June 4	Cash	80	00
" 24	"	10	00
		90	00


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 22 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		65 00
Trimming.....		
No. Handles.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10 00
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		80 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Jean Baptiste Barbarin
 Late Residence Bonoma
 Age 63 years..... months..... days.
 Cause of Death Cancer of the Throat
 Certifying Physician H H Davis
 Date of Death June 22 1898
 Date of Burial " 24 "
 Funeral at House or..... Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

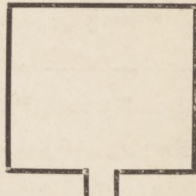
PAYMENTS.

Aug 10 1898
Paid
Payment

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 24 1898 18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <u>P. B. Norbom</u>
Bill Rendered to _____			Late Residence <u>Genoma</u>
When Rendered _____			Age <u>73</u> years _____ months _____ days
Door Crape _____			Cause of Death _____
Draperies _____			Certifying Physician _____
Candelabra and _____ Candles _____			Date of Death <u>June 23 1898</u>
Washing and Laying out Remains, Shaving _____			Date of Burial <u>24</u>
Preservation of Remains _____			Funeral at House or <u>Undertakers House</u> Church.
Casket _____		<u>3.50</u>	Place of Burial <u>Mountain</u> Cemetery.
Trimming _____			Grave or Lot No. _____ Section No. _____
No. _____ Handles, _____			Location of Grave 
No. _____ Plate engraved _____			{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar) _____		<u>4.00</u>	Inscription { _____ on Plate. { _____
Plate _____ Handles _____ Corners on Box _____			Measurement, { Length to Heel _____ feet _____ in. } { Width at Shoulder _____ }
No. _____ Robe _____		<u>6.00</u>	OTHER MEMORANDA.
Use of _____ Doz. Chairs _____			
Doz. Pall Bearer or Funeral Notices and serving _____			
Advertising _____			
Prs. _____ Gloves for _____			
Linen Scarfs for _____			
Arm Crape _____ Badges _____ Silk Caps _____			
Flowers _____			
Cemetery Charges _____			
Personal Attendance _____ Porters and Help _____			
Hearse _____		<u>10.00</u>	
Carriages to _____			
Transportation Expenses, &c. _____		<u>0.00</u>	
SUNDRY ITEMS.			
Amount of Bill _____		<u>25.00</u>	
Amount brought over from preceding page _____			
Amount carried over to next page _____			

PAYMENTS.

July 14 1898Paid45.00

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 28 1898

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to _____

When Rendered _____

Door Crape _____

Draperies _____

Candelabra and _____ Candles _____

Washing and Laying out Remains, Shaving _____

Preservation of Remains _____

Casket No 1

Trimming _____

No. _____ Handles, _____

No. _____ Plate engraved _____

Outside Box (Pine, Chestnut, Oak, Cedar) _____

Plate _____ Handles _____ Corners on Box _____

No. _____ Robe _____

Use of _____ Doz. Chairs _____

Doz. Pall Bearer or Funeral Notices and serving _____

Advertising _____

Prs. _____ Gloves for _____

Linen Scarfs for _____

Arm Crape _____ Badges _____ Silk Caps _____

Flowers _____

Cemetery Charges _____

Personal Attendance _____ Porters and Help _____

Hearse _____

Carriages to _____

Transportation Expenses, &c. _____

SUNDRY ITEMS.

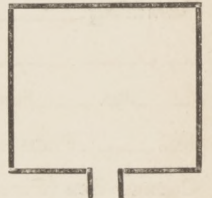
Amount of Bill _____

Amount brought over from preceding page _____

Amount carried over to next page _____

Name of Dec'd John FischerLate Residence DonomaAge 65 years _____ months _____ days.Cause of Death Suppurative Meningitis GangreneCertifying Physician Carl WalliserDate of Death June 28 1898Date of Burial 29Funeral at House or House Church.Place of Burial Vally Cemetery.

Grave or Lot No. _____ Section No. _____

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

June 30 1898
Paid39 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, July 1 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		\$58 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		\$5 00
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		70 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Mrs. Delere Chambers*
Late Residence *El Yano*
Age *57* years *1* months *27* days.
Cause of Death *Cancer Breast*
Certifying Physician *E. J. Hermon*
Date of Death *July 1 1898*
Date of Burial *" 2 "*
Funeral at House or *House* Church.
Place of Burial *Vally* Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement.

Length to Heel.....feet.....in.
Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

July 17 1898

Paid

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 27 1898

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to _____

When Rendered _____

Door Crape _____

Draperies _____

Candelabra and _____ Candles _____

Washing and Laying out Remains, Shaving _____

Preservation of Remains _____

Casket _____

Trimming _____

No. _____ Handles, _____

No. _____ Plate engraved _____

Outside Box (Pine, Chestnut, Oak, Cedar) _____

_____ Plate _____ Handles _____ Corners on Box _____

No. _____ Robe _____

Use of _____ Doz. Chairs _____

_____ Doz. Pall Bearer or Funeral Notices and serving _____

Advertising _____

_____ Prs. _____ Gloves for _____

_____ Linen Scarfs for _____

Arm Crape _____ Badges _____ Silk Caps _____

Flowers _____

Cemetery Charges _____

Personal Attendance _____ Porters and Help _____

Hearse _____

_____ Carriages to _____

Transportation Expenses, &c. _____

SUNDRY ITEMS.

Amount of Bill _____

Amount brought over from preceding page _____

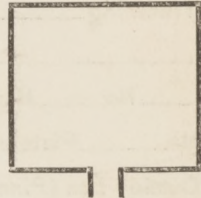
Amount carried over to next page _____

Name of Dec'd Blanche SaffertyLate Residence Sonoma CoAge 25 years _____ months _____ days.Cause of Death Typhoid Fever

Certifying Physician _____

Date of Death July 27 1898Date of Burial July 28Funeral at House or Cemetery ChurchPlace of Burial Valley Cemetery.

Grave or Lot No. _____ Section No. _____

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

Aug 27 1898

<u>Deos</u>	<u>Paid</u>	<u>38 00</u>
	<u>"</u>	<u>16 00</u>
		<u>54</u>

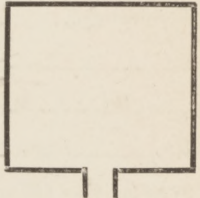
54 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date, 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
	USE A PRIVATE MARK.		
Bill Rendered to.....			Name of Dec'd <i>Wesley Hageman</i>
When Rendered.....			Late Residence <i>At Home</i>
Door Crape.....			Age <i>60</i> years..... months..... days.
Draperies.....			Cause of Death <i>Kick of a Horse</i>
Candelabra and..... Candles.....			Certifying Physician.....
Washing and Laying out Remains, Shaving.....			Date of Death <i>Aug 5 1898</i>
Preservation of Remains.....			Date of Burial <i>" 7 "</i>
Casket..... <i>Coffin No 1</i>		<i>25 00</i>	Funeral at House or <i>Cathloe</i> Church.
Trimming.....			Place of Burial <i>Cathloe</i> Cemetery.
No. Handles,.....			Grave or Lot No. Section No.
No. Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>4 00</i>	{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }
Plate..... Handles..... Corners on Box.....			Inscription {
No. Robe.....			on Plate. {
Use of..... Doz. Chairs.....			Measurement, { Length to Heel..... feet..... in. }
Doz. Pall Bearer or Funeral Notices and serving.....			{ Width at Shoulder..... }
Advertising.....			OTHER MEMORANDA.
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....		<i>10 00</i>	
Carriages to.....			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill.....		<i>39 00</i>	
Amount brought over from preceding page.....			
Amount carried over to next page.....			

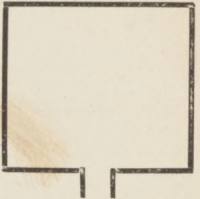
PAYMENTS.

Aug 8 1898
Paid.
By Justice Cheney

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Sept 13 1898

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd
Bill Rendered to.....			<u>Stephen Akers</u>
When Rendered.....			Late Residence <u>Schee Ville</u>
Door Crape.....			Age <u>83</u> years <u>2</u> months <u>5</u> days.
Draperies.....			Cause of Death <u>Hermanhage bladder</u>
Candelabra and.....Candles.....			Certifying Physician <u>Carl Waffner</u>
Washing and Laying out Remains, Shaving.....			Date of Death <u>Sept 13 1898</u>
Preservation of Remains.....			Date of Burial <u>" 14 "</u>
Casket <u>21</u>		<u>70 00</u>	Funeral at House or <u>House</u> Church.
Trimming.....			Place of Burial <u>Mountain</u> Cemetery.
No. Handles.....			Grave or Lot No. Section No.
No. Plate engraved.....		<u>5 00</u>	Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....			Inscription {
Plate Handles Corners on Box.			on Plate. }
No. Robe.....		<u>6 00</u>	Measurement, { Length to Heel.....feet.....in. }
Use of Doz. Chairs.....			{ Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving.....			OTHER MEMORANDA.
Advertising.....			
Prs. Gloves for.....			
Linen Scarfs for.....			
Arm Crape Badges Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance Porters and Help.....			
Hearse.....		<u>10 00</u>	
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<u>91 00</u>	
Amount brought over from preceding page.....			
Amount carried over to next page.....			

Sept 17 1898 PAYMENTS.

Paid

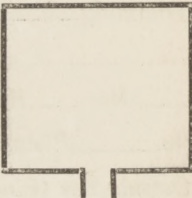
Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Oct 9* 18*98*

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		2 50
Preservation of Remains.....		
Casket.....		65 00
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		5 00
Outside Box (Pine, Chestnut, Oak, Cedar).....		
..... Plate..... Handles..... Corners on Box.....		
No. Robe.....		5 00
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		10 00
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		87 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Caleb C. Carriger*
 Late Residence *Sonoma Valley*
 Age *66* years *10* months days.
 Cause of Death *Cancer of Lungs*
 Certifying Physician *H. H. Davis*
 Date of Death *Oct 9 1898*
 Date of Burial *" 11 "*
 Funeral at House or *House* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, { Length to Heel..... feet..... in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Aug 7 1899
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18.....

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		65 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		4 00
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		79 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Utilda R Gibson
Late Residence Elon Ellen
Age 37 years 7 months 4 days
Cause of Death Bright Disease of Kidney
Certifying Physician H H Dapris
Date of Death Oct 27 1898
Date of Burial 28 1898
Funeral at House or Elon Ellen Church Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross ‡. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
 { Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

SUNDRY ITEMS.

Date, Nov 10 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <i>Graham</i>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		<i>20 00</i>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<i>5 00</i>
Plate Handles Corners on Box.		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<i>10 00</i>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		<i>35 00</i>
Amount brought over from preceding page		
Amount carried over to next page		

Name of Dec'd Newell
Late Residence El Yarrow
Age _____ years _____ months _____ days.
Cause of Death Suicide
Certifying Physician Coroner
Date of Death _____
Date of Burial _____
Funeral at House or _____ Church.
Place of Burial Vally Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

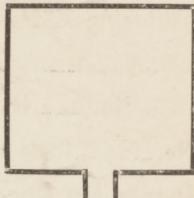
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Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date, Nov 11 1898 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.	
	USE A PRIVATE MARK.		
Bill Rendered to.....			Name of Dec'd.....
When Rendered.....			Late Residence <i>Elias Hicks Wickersham</i>
Door Crape.....			Age <i>70</i> years..... months..... days.
Draperies.....			Cause of Death.....
Candelabra and.....Candles.....			Certifying Physician <i>H H Davis</i>
Washing and Laying out Remains, Shaving.....			Date of Death <i>Nov 11 1898</i>
Preservation of Remains.....			Date of Burial <i>" 13 "</i>
Casket <i>Nov 050</i>		<i>75 00</i>	Funeral at House or <i>House</i> Church.
Trimming.....			Place of Burial <i>Cypress Hill</i> Cemetery.
No. Handles.....			Grave or Lot No. <i>Petaluma</i> Section No.
No. Plate engraved.....			Location of Grave 
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 00</i>	Inscription { on Plate. {
Plate Handles.....Corners on Box.			
No. Robe.....			Measurement, { Length to Heel.....feet.....in. } { Width at Shoulder..... }
Use of.....Doz. Chairs.....			OTHER MEMORANDA.
Doz. Pall Bearer or Funeral Notices and serving.....			
Advertising.....			
Prs.....Gloves for.....			
Linen Scarfs for.....			
Arm Crape.....Badges.....Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance.....Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<i>85 00</i>	
Amount brought over from preceding page.....			
Amount carried over to next page.....			

PAYMENTS.

Paid Nov 28 1898


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Dec 9 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to <u>J. S. Minick</u>		
When Rendered		
Door Crape		
Draperies		
Candelabra and Candles		
Washing and Laying out Remains, Shaving		
Preservation of Remains		
Casket		<u>40 00</u>
Trimming		
No. Handles		
No. Plate engraved		
Outside Box (Pine, Chestnut, Oak, Cedar)		<u>5 00</u>
Plate Handles Corners on Box		
No. Robe		
Use of Doz. Chairs		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising		
Prs. Gloves for		
Linen Scarfs for		
Arm Crape Badges Silk Caps		
Flowers		
Cemetery Charges		
Personal Attendance Porters and Help		
Hearse		<u>10 00</u>
Carriages to		
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill		<u>55 00</u>
Amount brought over from preceding page		
Amount carried over to next page		

Name of Dec'd Mr Minick
 Late Residence Kenwood
 Age 34 years months days.
 Cause of Death Instantly self inflicted wound
 Certifying Physician E. A. Croppin
 Date of Death Dec 9 1898
 Date of Burial 10
 Funeral at House or House Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel feet in.
 Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

1898
Dec 9 By Cash 20 00
" 24 " " 20 00

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

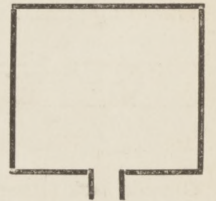
Date, Dec 10 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles,.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		8 00
Hearse.....		
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		8 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd John Martin
 Late Residence San Francisco
 Age 40 years 2 months 25 days.
 Cause of Death Valerian Hart
 Certifying Physician A H Douglas
 Date of Death Dec 7 1898
 Date of Burial " 10 "
 Funeral at House or Cemetary Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and }
 designate this one with a double Cross †.
 Show position of monument by □



Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS

Jan 17 1899
Paid

Number of Funeral.....

Number for the Current Year_____

Be careful to enter name of deceased and number of page in index for future reference.

Date, Dec 25 1898

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket..... <i>No. 61 Oak Leaf</i>		<i>75 00</i>
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<i>5 00</i>
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		<i>10 00</i>
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<i>98 00</i>
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Emily Constance Wallace
Late Residence Near Sonoma
Age 18 years 11 months days.
Cause of Death Tuberculosis
Certifying Physician H H Davis
Date of Death Dec 25 1898
Date of Burial " 27 "
Funeral at House or House Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription

on Plate.

Measurement.

Length to Heel.....feet.....in.
Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

[illegible]

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Jan 7 1899

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs..... Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

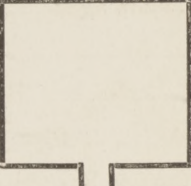
Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd F. G. ThinkoffLate Residence Glen Ellen CaliforniaAge 69 years months 12 days.Cause of Death PneumoniaCertifying Physician E. A. CyprianDate of Death January 6 1899Date of Burial " 8 "Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

<u>Jan 9 1899</u>		
<u>Paid</u>		<u>25.00</u>
<u>May 15</u>		<u>20.00</u>
<u>June 26</u>		<u>10.00</u>
<u>July 23</u>		<u>5.00</u>
<u>Sept 13</u>		<u>5.00</u>
<u>June 9</u>		<u>5.00</u>
<u>70.00</u>		<u>70.00</u>

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18.....

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		5 00
Preservation of Remains.....		
Casket.....		45 00
Trimming.....		
No..... Handles.....		
No..... Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
.....Plate..... Handles..... Corners on Box.....		
No..... Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs..... Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		50 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Wm H Holbrook
Late Residence Sonoma
Age 19 years _____ months _____ days.
Cause of Death Accidental
Certifying Physician J G Pince Co Sonoma
Date of Death 25 April 1899
Date of Burial _____
Funeral at House or _____ Church.
Place of Burial Ship San Francisco Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by □ }

Inscription

on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1899		
Vol 14	Paid	50.00

SUNDRY ITEMS.

Amount of Bill

Amount brought over from preceding page.

Amount carried over to next page

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Jan 13* 18*99*

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....
 When Rendered.....
 Door Crape.....
 Draperies.....
 Candelabra and.....Candles.....
 Washing and Laying out Remains, Shaving.....
 Preservation of Remains.....
 Casket.....

Trimming.....

No. Handles,.....
 No. Plate engraved.....
 Outside Box (Pine, Chestnut, Oak; Cedar).....
Plate..... Handles..... Corners on Box.....
 No. Robe.....
 Use of..... Doz. Chairs.....
 Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....
Prs. Gloves for.....
 Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

..... Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

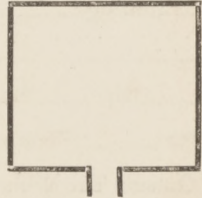
Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd *Frank F. Carner*Late Residence *El Yonano*Age *33* years *3* months *17* days.Cause of Death *Pain Pneumonia*Certifying Physician *Carl Walliser*Date of Death *January 13 1899*Date of Burial *" 15 "*Funeral at House or *House* Church.Place of Burial *Mountain* Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

*FEB 11 1899**Paid in full**50.00*

Number of Funeral.....

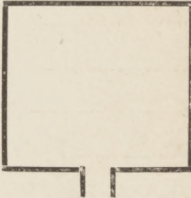
Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help		
Hearse.....		
Carriages to.....		12 50
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		12 50
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *Mary Gordon*
 Late Residence *San Francisco*
 Age *84* years months days.
 Cause of Death *Typhoid Fever*
 Certifying Physician *A. H. Dickson*
 Date of Death *Feb 6 1899*
 Date of Burial *Feb 8 1899*
 Funeral at House or *Catholic* Church.
 Place of Burial *Catholic* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel feet in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1899 Paid 1
March 27 12 50

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

No. 1

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate..... Handles..... Corners on Box.....

No. Robe.....

Use of..... Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd.....

Late Residence.....

Age.....78 years.....months.....days.

Cause of Death.....Natural Causes

Certifying Physician.....Coroner

Date of Death.....Feb. 14 1899

Date of Burial.....

Funeral at House or.....C. W. Clark Porter Church.

Place of Burial.....Mountain.....Cemetery.

Grave or Lot No.

Section No.

Location of Grave.....

(Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □)

Inscription {

on Plate. }

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Paid
April 20 1899 40 00

40 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, *April 9* 1899

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
..... Prs. Gloves for.....		
..... Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Allen Fouts
Late Residence Somona
Age 00 years _____ months _____ days
Cause of Death Pericarditis paralytica Heart
Certifying Physician _____
Date of Death Carl Walther
Date of Burial April 11 1899
Funeral at House or Cemetery Church _____
Place of Burial Mountain Cemetery _____
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
 { Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

1899		
May 22	Bird	100
June 5	"	150

36 va

03 06

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 4 1899

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to _____

When Rendered _____

Door Crape _____

Draperies _____

Candelabra and _____ Candles _____

Washing and Laying out Remains, Shaving _____

Preservation of Remains _____

Casket _____

Trimming _____

No. _____ Handles, _____

No. _____ Plate engraved _____

Outside Box (Pine, Chestnut, Oak, Cedar) _____

Plate _____ Handles _____ Corners on Box _____

No. _____ Robe _____

Use of _____ Doz. Chairs _____

Doz. Pall Bearer or Funeral Notices and serving _____

Advertising _____

Prs. _____ Gloves for _____

Linen Scarfs for _____

Arm Crape _____ Badges _____ Silk Caps _____

Flowers _____

Cemetery Charges _____

Personal Attendance _____ Porters and Help _____

Hearse _____

Carriages to _____

Transportation Expenses, &c. _____

SUNDRY ITEMS.

Amount of Bill _____

Amount brought over from preceding page _____

Amount carried over to next page _____

Name of Dec'd J. E. RobinLate Residence SonomaAge 60

years

months

days

Cause of Death paralytic central hemorrhageCertifying Physician Carl WalliserDate of Death May 3 1899Date of Burial " 6 "Funeral at House or 1007 Hall


Church.

Place of Burial Mountain

Cemetery.

Grave or Lot No. _____

Section No. _____

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

1899

May 22

Paid

90 00

90 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date, 18

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and..... Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket *050 no cloth*

Trimming.....

No. Handles,.....

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

Plate Handles..... Corners on Box.....

No. Robe.....

Use of Doz. Chairs.....

Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

Prs. Gloves for.....

Linen Scarfs for.....

Arm Crape..... Badges..... Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance..... Porters and Help.....

Hearse.....

Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

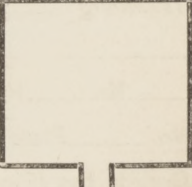
Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd *J. M. Dume*Late Residence *Somona Valley*Age *75* years months days.Cause of Death *Heart disease*Certifying Physician *Carl Walliser*Date of Death *May 18 1899*Date of Burial *" 21 "*Funeral at House or *House* Church.

Place of Burial Cemetery.

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross +.
Show position of monument by ☐ }Inscription {
on Plate.Measurement, { Length to Heel feet in. }
{ Width at Shoulder }

OTHER MEMORANDA.

PAYMENTS.

*Sept 7 1899**Paid**90 00**90 00*


Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, May 21 1899

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		
Preservation of Remains _____		
Casket _____		12 00
Trimming _____		
No. _____ Handles, _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		
Plate _____ Handles _____ Corners on Box _____		
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
Prs. _____ Gloves for _____		
Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		
Carriages to _____		
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		12 00
Amount brought over from preceding page _____		
Amount carried over to next page _____		

Name of Dec'd Willie Holberg
 Late Residence Shchelville
 Age _____ years 4 months _____ days.
 Cause of Death Anthraxoid Meningitis
 Certifying Physician Carl Walliser
 Date of Death May 21 1899
 Date of Burial " 23
 Funeral at House or House Church.
 Place of Burial Valley Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. }

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

<u>May 22 1899</u>	
<u>Paid</u>	<u>12 00</u>

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 5 1899

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....
 When Rendered.....
 Door Crape.....
 Draperies.....
 Candelabra and.....Candles.....
 Washing and Laying out Remains, Shaving.....
 Preservation of Remains.....
 Casket.....
 Trimming.....
 No. Handles,.....
 No. Plate engraved.....
 Outside Box (Pine, Chestnut, Oak, Cedar).....
 Plate..... Handles..... Corners on Box.....
 No. Robe.....
 Use of..... Doz. Chairs.....
 Doz. Pall Bearer or Funeral Notices and serving.....
 Advertising.....
 Prs. Gloves for.....
 Linen Scarfs for.....
 Arm Crape..... Badges..... Silk Caps.....
 Flowers.....
 Cemetery Charges.....
 Personal Attendance..... Porters and Help.....
 Hearse.....
 Carriages to.....

Transportation Expenses, &c.....

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....

Amount carried over to next page.....

Name of Dec'd

Mark Pierce

Late Residence

Donoma

Age

years 2 months..... days.

Cause of Death

Cholera Infantum

Certifying Physician

Carl Walliser

Date of Death

June 4 1899

Date of Burial

5

Funeral at House or

House

Church.

Place of Burial

Valley

Cemetery.

Grave or Lot No.

Section No.

Location of Grave

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription

on Plate.

Measurement,

{ Length to Heel..... feet..... in.
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

1899
Jun 5

Paid

20 06

Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 6 1899 18

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to _____

When Rendered _____

Door Crape _____

Draperies _____

Candelabra and _____ Candles _____

Washing and Laying out Remains, Shaving _____

Preservation of Remains _____

Casket Cloth Casket capitall 16 100

75 00

Trimming _____

No. _____ Handles, _____

No. _____ Plate engraved _____

Outside Box (Pine, Chestnut, Oak, Cedar) _____

5 00

Plate _____ Handles _____ Corners on Box _____

No. _____ Robe _____

Use of _____ Doz. Chairs _____

Doz. Pall Bearer or Funeral Notices and serving _____

Advertising _____

Prs. _____ Gloves for _____

Linen Scarfs for _____

Arm Crape _____ Badges _____ Silk Caps _____

Flowers _____

Cemetery Charges _____

Personal Attendance _____ Porters and Help _____

Hearse _____

10 00

Carriages to _____

Transportation Expenses, &c. _____

SUNDRY ITEMS.

Amount of Bill _____

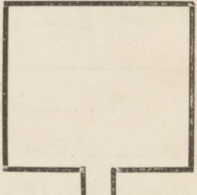
Amount brought over from preceding page _____

Amount carried over to next page _____

Name of Dec'd Katherine PerryLate Residence DonoverAge 57 years _____ months _____ days _____Cause of Death Paralysis of heartCertifying Physician Carl WalkerDate of Death June 6 1899Date of Burial " 8 "Funeral at House or Catholic Church _____Place of Burial Catholic Cemetery _____

Grave or Lot No. _____

Section No. _____

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

Length to Heel _____ feet _____ in. }

Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

June 19 1899Paid 85 00Dis 98 00
85 00

Number of Funeral.....

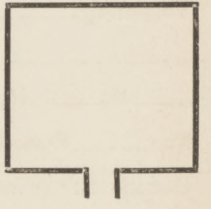
Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, June 12 1899

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		70 00
Trimming.....		
No. Handles,.....		
No. Plate engraved.....		6 00
Outside Box (Pine, Chestnut, Oak, Cedar).....		
Plate Handles..... Corners on Box.....		
No. Robe.....		
Use of Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs. Gloves for.....		
Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Burial Permit.....		6 00
Open Grave.....		10 00
Transportation Expenses, &c.		
SUNDRY ITEMS.		
Amount of Bill.....		108 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd John D BaneroffLate Residence Near SonomaAge 57 years months days.Cause of Death ApoplexyCertifying Physician H H DavisDate of Death June 12 1899Date of Burial " 14 "Funeral at House or House Church.Place of Burial Mountain Cemetery.

Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by □ }

Inscription {

on Plate. {

Measurement, { Length to Heel..... feet..... in. }
{ Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Aug 10 1899Paid

Number of Funeral

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18.....

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		7 5 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		9 0 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd. Catherine W Humphreys
Late Residence Sonoma
Age 60 years 6 months days.
Cause of Death abscess of liver 2^d perforation
Certifying Physician Carl Walliser
Date of Death June 27 1899
Date of Burial " 29 "
Funeral at House or House Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
{ designate this one with a double Cross †. }
{ Show position of monument by ☐ }

Inscription

on Plate.

Measurement.

{ Length to Heel.....feet.....in.
 { Width at Shoulder.....

OTHER MEMORANDA.

PAYMENTS.

July 2ⁿ 1899
Paid

90 00

9000


Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, July 24 1899

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket <u>No 1 coffin</u>		<u>20 00</u>
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		<u>5 00</u>
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		<u>10 00</u>
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		<u>35 00</u>
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Henry Fentner
 Late Residence Embarcadero Sonoma Calif
 Age 38 years 9 months days.
 Cause of Death Accidental Drowning
 Certifying Physician J H Pierce M D Corrobor
 Date of Death July 22 1899
 Date of Burial " 24 "
 Funeral at House or House Church.
 Place of Burial Mountain Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {

on Plate. {

Measurement, {

{ Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.

1899	Sept 4	1999
Paid		35 00

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, 18.....

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
USE A PRIVATE MARK.		
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		5 00
Preservation of Remains.....		
Casket <i>No. 410 Casket</i>	1	25 00
Trimming.....		
.....No. Handles,.....		
No. Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
.....Plate..... Handles..... Corners on Box.....		
No. Robe.....		
Use of..... Doz. Chairs.....		
..... Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs..... Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape..... Badges..... Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance..... Porters and Help.....		
Hearse.....		10 00
..... Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		145 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Charles Gerben
Late Residence Sonoma
Age 52 years _____ months _____ days
Cause of Death Apoplexia
Certifying Physician Carl Walliser
Date of Death July 27 1899
Date of Burial " 29 "
Funeral at House or Union Hotel Hall Church.
Place of Burial Mountain Cemetery.
Grave or Lot No. _____ Section No. _____

Location of Grave

{ Draw lines | | | for Graves in the Plot, and }
 { designate this one with a double Cross †. }
 { Show position of monument by □ }

Inscription
on Plate.

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

Sept 20 1899
Paid

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.Date, *Sept 1* 1899

Items of Bill, (cross out items not furnished.)

Cost.

Charged.

USE A PRIVATE MARK.

Bill Rendered to.....

When Rendered.....

Door Crape.....

Draperies.....

Candelabra and.....Candles.....

Washing and Laying out Remains, Shaving.....

Preservation of Remains.....

Casket.....

Trimming.....

No. Handles,

No. Plate engraved.....

Outside Box (Pine, Chestnut, Oak, Cedar).....

.....Plate.....Handles.....Corners on Box.....

No. Robe.....

Use of.....Doz. Chairs.....

.....Doz. Pall Bearer or Funeral Notices and serving.....

Advertising.....

.....Prs. Gloves for.....

.....Linen Scarfs for.....

Arm Crape.....Badges.....Silk Caps.....

Flowers.....

Cemetery Charges.....

Personal Attendance.....Porters and Help.....

Hearse.....

.....Carriages to.....

Transportation Expenses, &c.

SUNDRY ITEMS.

Amount of Bill.....

Amount brought over from preceding page.....


Amount carried over to next page.....

Name of Dec'd *Saddes Olivieri*Late Residence *Sonoma Redwood*Age *37* years months days.Cause of Death *Cancer of Rectum*Certifying Physician *H. E. Cagline M.D.*

Date of Death.....

Date of Burial *Aug 3^d 1899*Funeral at House or *Daniel Hall* Church.....Place of Burial *Mountain* Cemetery.....

Grave or Lot No. Section No.

Location of Grave { Draw lines | | | for Graves in the Plot, and
designate this one with a double Cross †.
Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, {

{ Length to Heel feet in. }

{ Width at Shoulder }

OTHER MEMORANDA.


PAYMENTS.

Number of Funeral.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Number for the Current Year.....

Date, 18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <i>James B Cooper</i>
Bill Rendered to.....			Late Residence <i>Sonoma</i>
When Rendered.....			Age..... years <i>7</i> months..... days.
Door Crape.....			Cause of Death.....
Draperies.....			Certifying Physician <i>Somerville</i>
Candelabra and..... Candles.....			Date of Death <i>Oct 31 1899</i>
Washing and Laying out Remains, Shaving.....			Date of Burial.....
Preservation of Remains.....			Funeral at House or..... Church.
Casket <i>Coff</i>		<i>16 00</i>	Place of Burial..... Cemetery.
Trimming.....			Grave or Lot No..... Section No.....
No..... Handles.....			Location of Grave 
No..... Plate engraved.....			{ Draw lines for Graves in the Plot, and } { designate this one with a double Cross †. } { Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar).....			Inscription {
Plate..... Handles..... Corners on Box.....			on Plate. {
No..... Robe.....			Measurement, { Length to Heel..... feet..... in. }
Use of..... Doz. Chairs.....			{ Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving.....			OTHER MEMORANDA.
Advertising.....			
Prs..... Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help.....			
Hearse.....			
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....			
Amount brought over from preceding page.....			
Amount carried over to next page.....			

PAYMENTS.

Oct 4 1899.

Paid *16 00*

Number of Funeral.....

Number for the Current Year.....

Be careful to enter name of deceased and number of page in index for future reference.

Date, Oct 4 1899

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
USE A PRIVATE MARK.			
Bill Rendered to			
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket		15.00	
Trimming			
No. Handles			
No. Plate engraved			
Outside Box (Pine, Chestnut, Oak, Cedar)			
Plate Handles Corners on Box			
No. Robe			
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse			
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill			
Amount brought over from preceding page			
Amount carried over to next page			

Name of Dec'd		Late Residence		Age		Cause of Death		Certifying Physician		Date of Death		Date of Burial		Funeral at House or		Place of Burial		Grave or Lot No.		Section No.	
Edna Wyatt		Cherand Sonoma Co		7 years 7 months		Diarrhea infantum		Caul Walliser		Oct 4 1899		Oct 4 1899		Home		Mountain					
Location of Grave																					
{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }																					
Inscription																					
on Plate.																					
Measurement { Length to Heel feet in. Width at Shoulder }																					
OTHER MEMORANDA.																					
7/6/70 Elizabeth Edna Wyatt child of Thelielino Wyatt & Amanda Pilastre Born in Sonoma Feb 23, 1899 Baptized May 14th, 1899 Rev. L. P. Twill 1-22-1869																					
PAYMENTS.																					
Paid 10.00																					

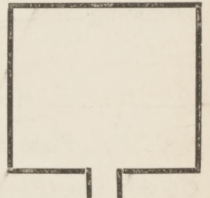
Number of Funeral _____

Number for the Current Year _____

Be careful to enter name of
deceased and number of page
in index for future reference.Date, Nov 2 1899 18

Items of Bill, (cross out items not furnished.)	Cost.	Charged.
	USE A PRIVATE MARK.	
Bill Rendered to _____		
When Rendered _____		
Door Crape _____		
Draperies _____		
Candelabra and _____ Candles _____		
Washing and Laying out Remains, Shaving _____		
Preservation of Remains _____		
Casket <u>Cloth No 050</u>		<u>85 00</u>
Trimming _____		
No. _____ Handles, _____		
No. _____ Plate engraved _____		
Outside Box (Pine, Chestnut, Oak, Cedar) _____		<u>8 00</u>
_____ Plate _____ Handles _____ Corners on Box _____		<u>8 00</u>
No. _____ Robe _____		
Use of _____ Doz. Chairs _____		
_____ Doz. Pall Bearer or Funeral Notices and serving _____		
Advertising _____		
_____ Prs. _____ Gloves for _____		
_____ Linen Scarfs for _____		
Arm Crape _____ Badges _____ Silk Caps _____		
Flowers _____		
Cemetery Charges _____		
Personal Attendance _____ Porters and Help _____		
Hearse _____		<u>10 00</u>
_____ Carriages to _____		
Transportation Expenses, &c. _____		
SUNDRY ITEMS.		
Amount of Bill _____		<u>108 00</u>
Amount brought over from preceding page _____		
Amount carried over to next page _____		

Name of Dec'd Wm Green
 Late Residence Embarcadero
 Age _____ years _____ months _____ days.
 Cause of Death Old age + general debility
 Certifying Physician W H Davis
 Date of Death November 2nd 1899
 Date of Burial 11 5 "
 Funeral at House or _____ Church.
 Place of Burial Catholic Cemetery.
 Grave or Lot No. _____ Section No. _____

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. }

Measurement, { Length to Heel _____ feet _____ in. }
 { Width at Shoulder _____ }

OTHER MEMORANDA.

PAYMENTS.


March 31 1900
Paid in full 108 00

Number of Funeral.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Number for the Current Year.....

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.	Name of Dec'd <i>Walter Stevens</i>
Bill Rendered to.....			Late Residence <i>Shelbville</i>
When Rendered.....			Age <i>61</i> years <i>10</i> months..... days.
Door Crape.....			Cause of Death <i>Pneumonia</i>
Draperies.....			Certifying Physician <i>H H Davis</i>
Candelabra and..... Candles.....			Date of Death <i>Dec 18 1899</i>
Washing and Laying out Remains, Shaving			Date of Burial <i>20</i>
Preservation of Remains.....			Funeral at House or <i>Church</i> Church.
Casket.....		<i>75 00</i>	Place of Burial <i>Cathartie</i> Cemetery.
Trimming.....			Grave or Lot No..... Section No.....
No..... Handles.....			Location of Grave 
No..... Plate engraved.....		<i>5 00</i>	{ Draw lines for Graves in the Plot, and designate this one with a double Cross +. Show position of monument by □ }
Outside Box (Pine, Chestnut, Oak, Cedar)			Inscription {
Plate..... Handles..... Corners on Box.			on Plate. {
No..... Robe.....		<i>6 00</i>	Measurement, { Length to Heel..... feet..... in. }
Use of..... Doz. Chairs.....			{ Width at Shoulder..... }
Doz. Pall Bearer or Funeral Notices and serving			OTHER MEMORANDA.
Advertising.....			
Prs..... Gloves for.....			
Linen Scarfs for.....			
Arm Crape..... Badges..... Silk Caps.....			
Flowers.....			
Cemetery Charges.....			
Personal Attendance..... Porters and Help			
Hearse.....		<i>10 00</i>	
Carriages to.....			
Transportation Expenses, &c.....			
SUNDRY ITEMS.			
Amount of Bill.....		<i>96 00</i>	
Amount brought over from preceding page.....			
Amount carried over to next page.....			

PAYMENTS.

<i>Jan 4</i>	<i>1900</i>	<i>19 00</i>	
<i>Paid</i>			<i>96 00</i>

Date, _____ 18 _____

Items of Bill, (cross out items not furnished.)		Cost.	Charged.
		USE A PRIVATE MARK.	
Bill Rendered to	Rmighley		
When Rendered			
Door Crape			
Draperies			
Candelabra and Candles			
Washing and Laying out Remains, Shaving			
Preservation of Remains			
Casket			\$5.00
Trimming			
No. Handles,			
No. Plate engraved			.00
Outside Box (Pine, Chestnut, Oak, Cedar)			\$0.00
Plate Handles Corners on Box.			
No. Robe			.00
Use of Doz. Chairs			
Doz. Pall Bearer or Funeral Notices and serving			
Advertising			
Prs. Gloves for			
Linen Scarfs for			
Arm Crape Badges Silk Caps			
Flowers			
Cemetery Charges			
Personal Attendance Porters and Help			
Hearse			\$10.00
Carriages to			
Transportation Expenses, &c.			
SUNDRY ITEMS.			
Amount of Bill			\$50.00
Amount brought over from preceding page			
Amount carried over to next page			
Name of Dec'd	Julia Anne Penne		
Late Residence	Sonoma		
Age	78 years 8 months 6 days.		
Cause of Death	Influenza		
Certifying Physician	Carl Walliser		
Date of Death	Jan 6 1900		
Date of Burial	" 7 "		
Funeral at House or Church.	House		
Place of Burial Cemetery.	Valley		
Grave or Lot No.		Section No.	
Location of Grave			
{ Draw lines for Graves in the Plot, and designate this one with a double Cross †. Show position of monument by □ }			
Inscription			
on Plate.			
Measurement,		{ Length to Heel feet in. }	
		{ Width at Shoulder }	
OTHER MEMORANDA.			
PAYMENTS.			
1900			
Jan 8	Cash		\$10.00
Aug 15	"		\$30.00
Amount of Bill			\$50.00
Amount brought over from preceding page			
Amount carried over to next page			

Number of Funeral.....


Be careful to enter name of
deceased and number of page
in index for future reference.

Number for the Current Year.....

Date, 18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		5 00
Preservation of Remains.....		
Casket.....		60 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
.....Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
.....Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
.....Prs.....Gloves for.....		
.....Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
.....Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		80 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd *David Ashback*
 Late Residence *Sonoma*
 Age *65* years *9* months *5* days.
 Cause of Death *Heart Disease*
 Certifying Physician *H. H. Davis*
 Date of Death *Jan 7 1900*
 Date of Burial *9 Jan* " "
 Funeral at House or *House* Church.
 Place of Burial *Mountain* Cemetery.
 Grave or Lot No. Section No.

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross †.
 Show position of monument by □ }

Inscription {
 on Plate. {

Measurement, { Length to Heel.....feet.....in. }
 { Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

*Feb 12 1900**Paid**80 00*

Date, 18

[illegible]

Number of Funeral.....


Number for the Current Year.....

Be careful to enter name of
deceased and number of page
in index for future reference.

Date,.....18

Items of Bill, (cross out items not furnished.)	Cost. <small>USE A PRIVATE MARK.</small>	Charged.
Bill Rendered to.....		
When Rendered.....		
Door Crape.....		
Draperies.....		
Candelabra and.....Candles.....		
Washing and Laying out Remains, Shaving.....		
Preservation of Remains.....		
Casket.....		75 00
Trimming.....		
No.....Handles.....		
No.....Plate engraved.....		
Outside Box (Pine, Chestnut, Oak, Cedar).....		5 00
Plate.....Handles.....Corners on Box.....		
No.....Robe.....		
Use of.....Doz. Chairs.....		
Doz. Pall Bearer or Funeral Notices and serving.....		
Advertising.....		
Prs.....Gloves for.....		
Linen Scarfs for.....		
Arm Crape.....Badges.....Silk Caps.....		
Flowers.....		
Cemetery Charges.....		
Personal Attendance.....Porters and Help.....		
Hearse.....		10 00
Carriages to.....		
Transportation Expenses, &c.....		
SUNDRY ITEMS.		
Amount of Bill.....		90 00
Amount brought over from preceding page.....		
Amount carried over to next page.....		

Name of Dec'd Gissmina S. Cook
 Late Residence Sonoma
 Age 76 years 9 months 7 days.
 Cause of Death Old Age
 Certifying Physician H H Davis
 Date of Death Jan 7 1900
 Date of Burial " 10 "
 Funeral at House or House Church.
 Place of Burial.....Cemetery.
 Grave or Lot No.....Section No.....

Location of Grave 

{ Draw lines | | | for Graves in the Plot, and
 designate this one with a double Cross +.
 Show position of monument by ☐ }

Inscription {

on Plate. }

Measurement, {

Length to Heel.....feet.....in. }

Width at Shoulder..... }

OTHER MEMORANDA.

PAYMENTS.

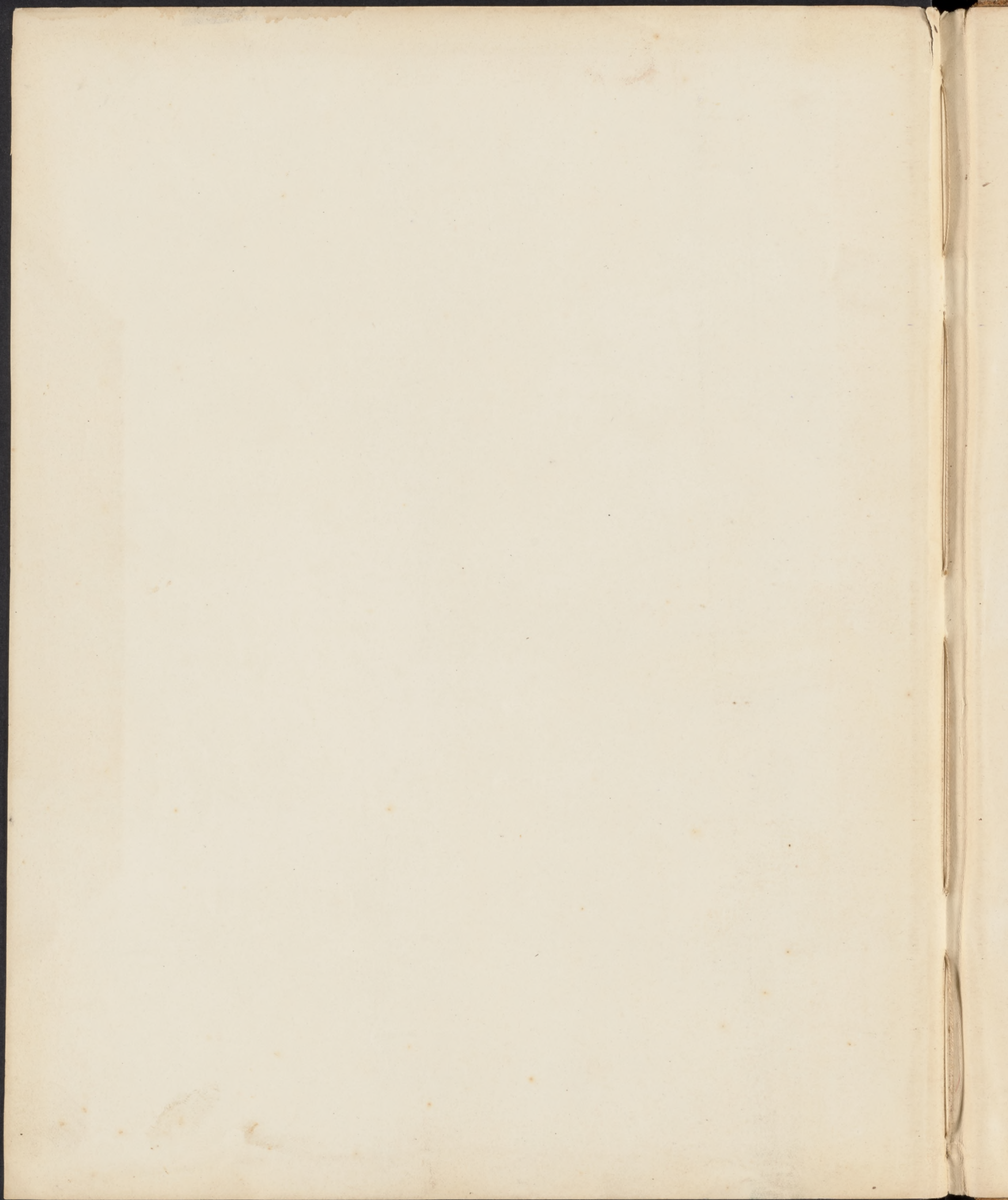
Paid		
Feb 26 1900	90	
Dis count	5 00	
	85 00	

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